

Date of application: _____

The Wish You Well Foundation Donation Request Form

Organization Information

Name of organization _____ Legal name, if different _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Web site address _____

Name of contact _____ Title _____ Phone _____ Email _____

Name of board chair, president, or residing officer _____ Title _____ Phone _____ Email _____

Proposal Information

Please construct a 3-4 sentence summary of the request:

Funds are being requested for (check the one or more that best fits your program or project):

- General Operating support Start-up costs Capital
 Program/project support Technical assistance Other (please specify) _____

Project dates: _____ Fiscal year end: _____

Budget

Dollar amount requested: \$ _____

Total annual organization budget (copy attached) \$ _____

Total program or project budget (copy attached) \$ _____

Authorization

Name of the board chair, president, or presiding officer: _____

SIGNATURE _____ DATE _____