



CONFEDERATED TRIBES OF THE COLVILLE RESERVATION

DONATION APPLICATION FORM



Today's Date	Telephone #	Email Address

Name of activity:	
Amount:	\$
Dates of activity:	
Location of activity:	

List the names, ages, birth dates and Tribal ID#'s of Individuals, event date, sport	Amount
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
7.	\$
8.	\$
(Must attach a copy of the agenda, roster, flyer of event)	Total \$

Description:

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Check Payable To:
Sign:
Date:
MUST RETURN ALL RECEIPTS (FOR ENTIRE, AMOUNT) If you already receive or utilize other funds from a Tribal Government program, YOU CANNOT USE CONTRIBUTION FUNDS for the same purpose. This policy ensures no overlap, duplication, or misuse of funds. By signing this application, you acknowledge that you are required to submit all receipts related to this donation application. Failure to provide the necessary receipts will result in your application being rescinded and an invoice being created for the entire amount of donation to be paid back. NO EXCEPTIONS

APPROVED	DATE	DISAPPROVED	DATE

Submit To:

Donation Program, P.O. Box 150, Nespelem, WA 99155. Located on 1st floor of CCT Gov. Center in the Accounting Dept.
(509) 634-2861 Tissi work phone | Fax (509) 634-2838 | Tissi.Marchand@colvilletribes.com