



# ENDOWMENT DONATION GENERAL REQUEST FORM



**(MUST BE COMPLETELY FILLED OUT TO BE CONSIDERED FOR POSSIBLE FUNDING)**

Date: \_\_\_\_\_ **ONE REQUEST PER ORGANIZATION PER YEAR!!**

Organization Name: \_\_\_\_\_

Signature of Group/Organization President (Print & Sign): \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Request: \$ \_\_\_\_\_

Any Money Raised? ( ) Yes ( ) No If so, how much: \$ \_\_\_\_\_

Do you have a 501(C)(3) form? ( ) Yes ( ) No If yes, must attach a copy of the 501(C)(3) along with this form. TAX EXEMPT ID NUMBER NOT ACCEPTED.

**Must include a copy of your organization's W-9 Form!**

Reason(s) for request (may use additional paper): \_\_\_\_\_

\_\_\_\_\_

Is there a deadline? ( ) Yes ( ) No If yes, when: \_\_\_\_\_

How many **Poarch Creek Tribal Members and Descendants** are directly involved in this organization? \_\_\_\_\_

**Please list the Poarch Creek Tribal Members and Descendants Name and Tribal Roll Number (may use additional paper):**

\_\_\_\_\_  
\_\_\_\_\_

Has your Organization received a donation within the past year? ( ) Yes ( ) No  
If yes, when: \_\_\_\_\_

If approved, please put who check should be made payable to along with an address (if different from the above address) Donations will NOT be sent to a residential address. **Only Organization Name (No Individuals Names):** (\*Please note check turn around takes a minimum of a month!!)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please mail to: **Poarch Creek Indians  
ENDOWMENT COMMITTEE  
5811 Jack Springs Road  
Atmore, AL 36502**

OR Fax to 251-446-7169