



---

## WOODEN NICKEL PROGRAM CONSIDERATION FORM

---

Please scan and email completed requests to Colin Beirne at [CBeirne@EllwoodThompsons.com]  
Thanks!

NAME OF ORGANIZATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

TAX I.D. NUMBER/EIN: \_\_\_\_\_ YEAR ESTABLISHED: \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

CATEGORY/TYPE OF CHARITY: \_\_\_\_\_

TYPES OF ANNUAL FUNDRAISING EVENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACHMENT REQUIRED:** Please include a detailed letter noting the disbursement of the charity funding (percent toward actual programs vs. staffing and marketing).

---

### INTERNAL USE ONLY

APPROVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_