

ELLWOOD THOMPSON'S LOCAL MARKET

5 % DAY 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: _____

ATTACHEMENT 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: _____