



Application for Donation

Organization/Program			Your Name		
Address					
Contact			Phone		Email
Is the organization run by a Board of Directors?	YES	NO	# Board Members	# Staff	# Volunteers
Please list board members and titles (attach list if easier)					
Organizational Structure 501 (C) 3 Not for Profit Entity For Profit Entity				Total Annual Budget \$	
Date organization was established	How many people served by this donation?		For how long?		
Brief Description of need and scope of activities:					
Any additional information you would like us to consider:					
REQUEST					

Amount Requested: \$	Needed By:
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For consideration, mail this form to Local at Heart, P.O. Box 15, Gardiner, NY 12525 or email it to donations@localatheart.org. Please allow 60 days for processing.