



Request No.: CD- _____
For Official Use Only

APPLICATION FOR CHARITABLE DONATION

(Rev 7/2/18)

The following information is required in order to process your request for Charitable Donation

Submittal Date: _____

Name of Organization: _____

Is the Organization considered a not for profit (501 c)? YES _____ NO _____
If "yes" please include the Organization's current 501(c) registration with the application.

Organization Contact: _____

Organization Address: _____

Phone No.: _____ Fax No.: _____ E-mail: _____

APPLICATION CHECKLIST

(Items to be provided by the Organization)

Organization Narrative: Provide a statement or narrative describing the mission of the Organization; what programs the Organization contributes to, how donations are used and any other information that the Organization deems necessary.

Organization Affiliation to Cave Creek Rodeo Days: Is the Organization already affiliated with Cave Creek Rodeo Days?
YES _____ - If "yes," please describe how within the statement narrative.
NO _____

Organization Contribution to Cave Creek Rodeo Days: Will the Organization participate in the Cave Creek Rodeo Days event? YES _____ NO _____

If "YES," - The Organization shall contribute _____ Volunteers totaling _____ Hours during the event.

If "NO," - Please describe why the Organization is unable to provide any Volunteers for the event within the statement narrative.

Charitable Donation Requested Amount: \$ _____

The Organization does not have to specify a desired amount as charitable disbursements are subject to change based on available funds and number of requests.



APPLICATION CONDITIONS:

- A) ADDITIONAL INFORMATION MAY BE REQUIRED.
- B) THE ORGANIZATION WILL BE NOTIFIED, IN WRITING, IF THE APPLICATION FOR CHARITABLE DONATION IS DENIED BY THE CAVE CREEK RODEO DAYS BOARD.
- C) DISCUSSION BETWEEN MEMBERS OF THE CAVE CREEK RODEO DAYS BOARD OR COMMITTEE MEMBERS AND THE APPLYING ORGANIZATION DOES NOT BIND CAVE CREEK RODEO DAYS.
- D) CAVE CREEK RODEO DAYS SHALL NOT CONSIDER MAKING A CHARITABLE CONTRIBUTION TO AN ORGANIZATION THAT PLEDGES VOLUNTEERS OR VOLUNTEER HOURS AND DOES NOT FULFILL ITS PLEDGE.

/I/WE HAVE COMPLETED THE APPLICATION AND AGREE TO THE ABOVE CONDITIONS:

APPLICANTS SIGNATURE (on behalf of)

Date

NAME OF ORGANIZATION