

APPLICATION FOR CHARITABLE CONTRIBUTION SACRED HEART WOMEN'S GUILD

Name of Organization _____

Contact Name _____

Address _____

City _____ Zip Code _____

Telephone _____ Email _____

How will the funds be used ?

You may attach additional sheets to this application for explanation.

Amount Requested \$ _____

Signature of Applicant _____

Criteria used when evaluating requests:

- Is the contribution requested intended to fully fund a project, or provide a portion of the dollars required?
- Will the monetary gift make an impact in our Parish, West Des Moines community and/or Central Iowa or will the recipients be largely Regional, National, or International ?
- Does the recipient organization support family, children, health services or housing services?
- Is this gift designed to supplement funds for an ongoing service, or is this a one-time-only special project?

Deadline for submission is April 1, 2016.

For further information contact Barb Baker at 515-339-1561 or
barb.baker@sacredheartwdm.org