

AMICALOLA EMC TRUST
544 Hwy 515 South
Jasper, GA 30143-4884
(706) 253-5200

APPLICATION FOR DONATION FOR ORGANIZATION/AGENCY

1. Name of Organization: _____
2. Address: _____
Street or Post Office Box

City State Zip Code
3. Counties served by this organization: _____
4. Phone Number: _____
Work Home
5. Contact Person: _____
Name Title
6. Is organization requesting funding exempt from payment of income tax:
Yes ___ No ___ If yes, a copy of letter (Form 501[c]3) from Internal Revenue Service
must be attached.
7. Attach a copy of financial statement(s) and/or budget for most current year.

Note: The disbursement of these funds are for charitable purposes to individuals and organizations for food, shelter, clothing, health needs and education.

8. State purpose of this request: **(Please itemized the costs and state how the funds will be used. Incomplete applications will be returned.)**

Amount Requested: \$ _____

9. List other sources of funding for use of request as described in the above:

10. Please list three references.

Name				Phone
Address	City	State	Zip Code	
Name				Phone
Address	City	State	Zip Code	
Name				Phone
Address	City	State	Zip Code	

11. Are you presently contributing to the Operation Round-Up Program? Yes / No (circle one)

12. Are you located within the service area of Amicalola EMC? Yes / No (circle one)

The information contained in this statement is for the purpose of obtaining funding from the Amicalola EMC Trust on behalf of the undersigned. Each undersigned understands that the information provided herein is used in deciding to grant funding, and each undersigned represents and warrants that the information provided is true and complete and that the Amicalola EMC Trust may consider this statement as continuing to be true and correct until a written notice of a change is provided. The Amicalola EMC Trust is authorized to make all inquiries they deem necessary including, but not limited to, a credit bureau history check to verify the accuracy of the statements made herein. Total allocations for organizations will ordinarily not be made for more than \$10,000.00 in a calendar year.

NAME OF ORGANIZATION

SIGNATURE OF REPRESENTATIVE

DATE