



## Charitable Contribution Request Form

1 Tremont Place, Lowell, MA 01854 • 978-452-5001

[www.weshareacommonthread.org](http://www.weshareacommonthread.org)

**Prior to completing this form, please refer to We Share A Common Thread Charitable Contribution Guidelines on [www.weshareacommonthread.org](http://www.weshareacommonthread.org) to determine if your organization qualifies for consideration.**

Date of Request: \_\_\_\_\_ Date Funds Needed: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Area Your Organization Services: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Does this organization have a non-profit tax-exempt classification under Section 501(c)(3) of the Internal Revenue Code? Yes \_\_\_\_\_ No \_\_\_\_\_ (place a check mark next to answer)

Name of the Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

Purpose of Funds: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Foundation Use Only: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Amount: \_\_\_\_\_ Date: \_\_\_\_\_