



CONTRIBUTIONS APPLICATION

Organization: _____

Address: _____

Street

City

State

Zip

Organization Representative/Contact: _____

Title: _____ E-Mail: _____

Phone: _____ Fax: _____

Date Needed: _____

Reason for Request: _____

Geographic Area Benefited: _____

Number of People Benefited: _____

Anticipated Period: _____ to _____

Total Cost: \$ _____

Amount Requested from NANA Worley: \$ _____

Use of funds: Special Project Current Operating Budget

Specific Ongoing Program

Other: _____

Funding and resources committed to date: _____

Will your organization be requesting additional funding for future requests (i.e., annual events, golf tournaments or sponsorships)? If so, please indicate dates and amounts requested.

Event Name:	Date:	\$ Amount of Request:	Type of Event:
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



What services does your organization provide to benefit NANA Worley's employees?

If your request is for a sponsorship or special event, do you need any of the following:

- NANA Worley Logo NANA Worley Banner NANA Worley Promotional Items

Contact Person for Resources:

Name: _____ Title: _____

Phone: _____ E-Mail: _____

Legality Statement

***I understand that as an eligible recipient of NANA Worley contributions the organization requesting funds is certified for tax-exempt status under the Federal Internal Revenue Code Section 501(c)(3) as charitable organizations, 501(c)(4) as social welfare organizations, and 501(c)(6) as business leagues.**

Signature of Requestor

Date