



Charitable Contribution Application

Organization Name: _____

Federal Tax ID Number: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Telephone: () _____

Contact Person: _____ Title: _____ E-mail: _____

Please check the area that best describes your organization:

- Arts & Culture
- Education
- Youth-Related
- Health & Human Services
- Civic
- Bar Foundation
- Other

Please describe the mission, nature and purpose of your organization:

Description of Project, Program or Activity

Name: _____ Date: _____

Dollar Amount Requested: _____

Geographic Area Served: _____

How many people will this project benefit? _____

In what county is the project, program or activity? _____

Please describe the nature, purpose and benefits of the project, program or activity for which you are requesting support. If this is an In-Kind (non-financial) request, i.e. facility use, employee volunteerism, equipment, etc. please describe needs.

List any employees of any ALPS Family of Professional Service Companies involved in this project, program or activity and describe their role(s) and manpower hours required.

The ALPS Corporate Giving Program requires the following documentation, if applicable.

1. A copy of your organization's 501 (c)(3) IRS tax exemption letter or a copy of your 501 (c)(3) application to the IRS.
2. A copy of your organization's current budget for the project, program or activity.
3. The names of the organization's Board of Directors.
4. Other supplementary materials that describe your organization and its purpose and goals.

Will ALPS be recognized for its contribution? Yes No Briefly explain.

You will receive notification within 60 days of submission.

Applicant Name (please print) _____

Applicant Signature _____

Date of Application _____

Please make a copy of this application for your organization's records.

FOR ALPS USE ONLY

Comments: _____

Recommendations:

Decline Approve Amount \$ _____

Defer and Review:

Comments: _____

Giving Officer: _____ Date: _____