



111 N. Higgins, Suite 200, The Florence, P.O. Box 9169, Missoula, MT 59807-9169  
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## 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
- Other – please describe

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

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### 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.

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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.

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***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.

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**FOR ALPS USE ONLY**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommendations:

Decline  Approve Amount \$ \_\_\_\_\_

Defer and Review:

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Giving Officer: \_\_\_\_\_ Date: \_\_\_\_\_