

CORPORATE GIVING REQUEST FORM

Applications will be reviewed monthly. If you are selected for a donation you will be notified within 60 days of your submission.

ORGANIZATION/GROUP INFORMATION

Organization/Group Name _____

Street Address _____ City _____ State _____ Zip _____

President _____ Phone _____ Email _____

Contact Person (if different) _____ Phone _____ Email _____

Rawlings employee making request (if applicable): _____ Phone Ext _____

How many members do you have? _____

How many of these members are current employees of The Rawlings Group? _____

Please describe your purpose, goals, and/or "mission statement" _____

PROJECT/ACTIVITY INFORMATION

Project/Activity Name _____ Project Date _____

Location in which project/activity will occur _____

Total cost of project/activity (\$) _____ Amount requested from Rawlings (\$) _____

Make check payable to _____

Category of request: Education Health & Wellness Human Services Religion

Describe the project/activity and how it will benefit the community _____

Additional information may be required in order for us to process your application and grant your request.

All requests must be completed in full and signed in order to be considered.

Your signature below indicates that you understand that this donation is made on the condition that funds disbursed pursuant to The Rawlings Company Charitable Giving program will be used solely for the purpose described in your request. If these funds are used for any purpose other than that which is described in this application, the donation is revoked and a like amount shall be immediately returned in full. The Rawlings Company reserves the right to terminate, revoke, and/or request the return of funds for the grounds described in this paragraph.

Name _____ Title _____ Date _____

Signature _____