

ZONA ROSA
COMMUNITY
FOUNDATION

2010 CHANGE FOR CHARITY REQUEST FORM

ORGANIZATION NAME: _____

CONTACT NAME AND TITLE: _____

ADDRESS: _____

PHONE NUMBER: _____

FAX NUMBER: _____

EMAIL ADDRESS: _____

MISSION: _____

PRIMARY FOCUS AND
CONSTITUENTS SERVED: _____

USE OF CHANGE FOR
CHARITY DONATION: _____

YEARS IN EXISTENCE: _____

OPERATING BUDGET: _____

BOARD OF DIRECTORS
AND AFFILIATIONS: _____

If you need more room, please attach an additional piece of paper.