

Commitment, we care.™

DONATION REQUEST APPLICATION

Today's Date: _____ Date of Event: _____

Organization: _____

*Organization's 501 (c) (3) Tax ID # _____

Organization's Address: _____

Event Name: _____ Event Location: _____

Contact Name: _____ Contact Title: _____

Telephone: _____ Email: _____

What is the approximate attendance and please specify what type of donation are you requesting?

What is the mission of your organization? _____

Please describe the event this donation will be used for, how will this donation support your cause and benefit our community?

Are you part of a larger organization or does your group receive funding from a large corporation? If yes, please specify:

Where does your organization primarily receive its funding? _____

What are the methods of promotion for this event? _____

How did you hear about The CHJ Cares Program? _____

How will CHJ Wealth Management's contribution be recognized? _____

***Please submit a copy of your IRS letter confirming your nonprofit status and a completed application by email only to: lelia@chjwealthmanagement.com**
All requests must be received at least 6 WEEKS prior to the date your donation is needed.
Please note: A completed application does not guarantee a donation.
Incomplete applications and insufficient lead times will not be considered.
You will be contacted by our Brand Ambassador if your donation request is fulfilled.
Thank you for giving us the opportunity to review your request.