

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: info@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 a team member if your donation request is fulfilled.
Thank you for giving us the opportunity to review your request.