



## Donation Request Application

### REQUESTING GROUP INFORMATION

Neighborhood Location Served: \_\_\_\_\_

Name of Group or Leader: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Tax Exempt?                      YES    NO

If yes, Tax ID \_\_\_\_\_

Contact person at Group(name, title, phone number)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Group's Purpose or Mission Statement

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has this Organization previously requested a donation from the Monroeville foundation? YES NO

If yes, Please describe the request.

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**Donation Request**

Name of Project \_\_\_\_\_

Amount requested \_\_\_\_\_

Project's Budget and its other funding sources:

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How would the Monroeville Foundation's donation be used in this project?

**Budget breakdown:**

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**Project Description** and how will this project benefit the residents, community groups, government, business and/or other institutions of Monroeville?

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**Deadline for Donation**\_\_\_\_\_

**Send completed application to:**

The Monroeville Foundation , 2700 Monroeville Blvd. Monroeville, PA 15146  
(412) 856-3304    [info@monroevillefoundation.org](mailto:info@monroevillefoundation.org)