

**THE PEMBROKE CHARITY, INC.**

P.O. BOX 708  
PEMBROKE, VA 24136

**REQUEST FOR FUNDS**

NAME OF ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

CAN BE REACHED AT: \_\_\_\_\_

IS YOUR ORGANIZATION TAX EXEMPT?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

IS YOUR ORGANIZATION NON-PROFIT?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

PLEASE GIVE A DETAILED DESCRIPTION OF THE NATURE OF YOUR REQUEST AND A COST FOR THE ITEM(S) REQUESTED:

**AN ORGANIZATIONAL FINANCIAL STATEMENT MUST BE INCLUDED WITH THIS REQUEST  
ONLY REQUESTS THAT MEET NON-PROFIT / TAX EXEPMT STATUS WILL BE REVIEWED**

**REQUESTS THAT DO NOT INCLUDE THIS INFORMATION WILL BE DENIED**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_