

THE PEMBROKE CHARITY

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

THIS REQUEST MUST BE RECEIVED BY THE 20TH OF THE MEETING MONTH TO BE INCLUDED.

SIGNED: _____ DATE: _____