



**REQUEST FOR CONTRIBUTION**

Organization/Individual requesting funds: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email: \_\_\_\_\_

Requested Amount \$ \_\_\_\_\_ Received funding in the past? \_\_\_\_\_ Complete attached W-9 \_\_\_\_\_

Description of Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of PR Credit provided to CIPF: \_\_\_\_\_

Please make checks, corporate matches, and other donations payable to: \_\_\_\_\_

How will results be communicated to CIPF: \_\_\_\_\_



Office Use:

Date out to vote: \_\_\_\_\_

Vote record: \_\_\_\_\_

Check #: \_\_\_\_\_ Date Mailed: \_\_\_\_\_