



Charitable Contribution Application

Section A: (To be completed by APPLICANT)

Date of Application _____

Name of Organization _____ Federal Tax # (EIN) _____

Address _____

City _____ State _____ Zip Code _____

Contact _____ Title _____

Tel. No. _____ Fax No. _____

Email Address _____ 501(c)3 organization? Y / N (attach proof of status)

Event Name _____ Amount of Funds Requested _____

Date of Event _____ Funds Due By _____

Deadline for Logo/Materials Submittal _____ Target Audience _____

Specific Purpose of the Funds _____

Gate Sponsor/Contact (individual employee or department) _____

Please submit the following information with your application:

- Description of Organization
- Current Operating Budget
- List of Officers/Board Members.

Application and all supporting documentation should be submitted to:

The GATE Foundation
P.O. Box 23627
Jacksonville, FL 32241-3627.

Section B: (To be completed by The GATE Foundation)

Request Denied _____ Approved _____ Amount Approved _____

Date Check Request Submitted to Accounting _____ Date Check Mailed _____

Letter of Approval or Denial Mailed to Organization _____ Date of Letter _____

Authorized Committee Member Signature _____ Date _____

Receipt of Acknowledgment from Organization _____ Date _____