

Clayton Business & Community Association

P.O. Box 436
Clayton, CA 94517
(925) 672-2272

REQUEST FOR CONTRIBUTION

CBCA requires 3 months to process-please plan your request accordingly

Both pages must be returned for consideration

Date _____

Requesting Organization _____

Check made Payable to: _____

Address _____

Non-Profit Number: (State) _____ **(Federal)** _____

Contact Name _____ **Phone** _____

Amount Requested _____ **email address** _____

Requesting Organization:

How long has your organization been in existence and what is your organizational purpose? _____

What territory do you serve? _____

How many members do you have? _____

What are your funding sources? _____

What percentage of your organization's funding is used for administrative/promotional purposes?

If this is a CVCHS related request, we must have the following signatures:

(CVCHS Principle)

(CVCHS Director of Operations)

If more space is needed, feel free to respond on a separate sheet

What is the purpose of this donation request? _____

If this request is for a particular project, what is the total estimated cost of the project? _____

What other sources of funding have you applied for and obtained for this project? _____

Please set forth a list of past CBCA contributions (maximum 5 years) _____

Other: Are there services your group could perform in support of CBCA projects? _____

NOTE: Every monetary donation made by CBCA is expressly conditioned on the donee making a commitment to providing volunteers for our annual Art & Wine Festival (in May) and Oktoberfest (in September/October). These events, and all other CBCA events, are organized and staffed solely by volunteers and are the source of the club's funding that is donated to local schools, projects, and groups such as yours.

CBCA major fundraisers are Art & Wine and Oktoberfest which require more than 250 volunteers. By signing this donation request, you are also making a commitment, should the request be granted, to provide volunteers for various events. In addition to acknowledging this commitment by signing below, please provide us with the name and contact information of the person(s) whom we may contact to coordinate the recruitment of volunteers.

Date

Requesting Organization

Volunteer Coordinator (Contact person)

Telephone No.

E-mail Address

Check #: _____ Check date: _____

Check amount: _____

Treasurer's signature: _____