



Application for Save All Children International Donee Consideration Request

Full Legal Organization Name

Organization Primary Address - Street

Organization Primary Address - City

State

Zip/Postal Code

Corporate Phone Number

Organization Website Address

Organization Contact Email

Social Media Links (Facebook/LinkedIn/Twitter)

Director's Full Name

Treasurer's Full Name

Request Type(s): ☐ - Grant ☐ - Donation ☐ - Corporate Development

Have any directors or employees been found guilty and convicted of a criminal offense? ☐ - Yes

If yes, specify name(s), date(s), offense(s), court(s)

Do the names of any directors or employees appear on the UST OFAC list? ☐ - Yes



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If yes, specify name(s)

Your Organization's Mission

Describe your need for funding – be specific with amounts and uses

Describe the desired outcome of your project(s)



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How many hours per day *and* how many days per week do you provide services that fulfill your mission?

Please attach financial statements here (Balance Sheet / Income Statement)

Note:

By signing this application I acknowledge that the information provided is accurate and verifiable. I understand that this application does not guarantee that Save All Children International will agree to assist my organization.

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Signature

Title

Date