

Kernersville Foundation, Inc.
Request for Foundation Support

Date _____

Name of Organization _____
(exactly as it appears on the 501(c)(3) federal tax exemption letter)

Address _____ City _____ State _____ Zip _____

Organization's Taxpayer Identification Number (EIN): ____ - ____ - ____ - ____ - ____

Project/Campaign Title (if applicable) _____

Total project/campaign goal: \$ _____ Amount requested: \$ _____

Description of use of funds (Use reverse side of form if necessary or attach documentation):

Request prepared by _____ Phone _____

FOR FOUNDATION USE ONLY

Date Reviewed _____

Action Taken _____

President _____ Secretary _____