SICKLESTEEL FOUNDATION

Applicant Information

Organization / Individual Applying: _____ Today's Date: _____

Contact Person: _____ Section 501(c)(3): ☐ Yes ☐ No

Street: _____ Phone: _____

City: _____ State: _____ Zip: _____ Fax: _____

Name of Recipient (to appear on check): _____

Requested Gift Amount: _____ Date Gift Needed: _____ Frequency of Gift: _____

Purpose

The purpose of the Sicklesteel Foundation is to provide Christian based financial support to needy organizations and individuals. Please explain how the requested gift will further the goals of the Foundation.

Foundation Use Only

Date Received:		Approvals:	Initials:	Date:
Received From:		President:		
Approved Gift Amount:		Vice Pres.:		
Date Gift Made:		Treasurer:		
Date Mailed:	Initials:			
Check Number:		Board:		

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