

MAMMOTH-SAN MANUEL EDUCATION FOUNDATION

Request for Charitable Contribution

Date: _____

Name of organization: _____

Address: _____

Telephone: _____

Name/title of contact person: _____

Amount of contribution requested: _____

List the specific use(s) to which the contribution would be put, and in what time period.

The Mammoth-San Manuel Educational Foundation is a non-profit organization whose mission is to support our school district's efforts to provide the very best educational opportunities for all students and staff. Describe how the specific use accomplishes this mission.

Note: All recipients will be required to submit a written report detailing expenditures.

Mail completed form to:

Mammoth-San Manuel Education Foundation
P.O. Box 406
San Manuel, AZ 85631

Or fax completed form to:
520-385-2621

MSM Education Foundation Use Only: Approved _____ Denied _____ Date _____
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