

Muscatine Charities, Inc.
Together we are making Muscatine a better community!

Charitable Contribution Request Form

Name of Soliciting Organization: _____

Contact Person: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Email address: _____

Incorporated as Non-Profit in what state? _____ State Corporate Number: _____

Has the IRS granted Tax Deductible Status to you? Yes No

Federal Corporation Tax ID Number: _____

Solicitor's Name: _____

State your relationship to the Organization for which you are Soliciting:

Employee Volunteer Paid Worker Professional Fundraiser

If you are working for a fee or percentage, please state the amount: _____

Is organization registered with the Better Business Bureau? Yes No

Total Annual Operating Budget? _____

Please attach documentation supporting this budget info.—If not submitted, your request will NOT be considered.

What is the service rendered by your organization? _____

What contribution are you seeking from us? _____

For what will this contribution be used? _____

Solicitor's Signature: _____ Date: _____

**Please complete this form as well as provide budget documentation and send to:
Muscatine Charities, Inc., PO Box 973, Muscatine, IA 52761**

**Muscatine Charities, Inc. is a NON-Profit 501 (c) (3) Corporation
Thank you for your request.**