

# ELSIE & WILLIAM VILES FOUNDATION

## Request for Donation (Requesting less than \$2500.00)

Name of Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Tax ID#: \_\_\_\_\_ Public 501(c)(3) Yes No

Organization website: \_\_\_\_\_

### Description of Organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONTACT INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

### DONATION REQUEST

Amount requested: \_\_\_\_\_

Purpose for request: Please attach a brief narrative (1 page) including mission statement, use of funds and who benefits:

\_\_\_\_\_  
\_\_\_\_\_

**SEND 4 COPIES of APPLICATION AND 1 COPY OF PUBLIC 501(C)(3) DETERMINATION LETTER TO:**

**Elsie & William Viles Foundation**

**PO Box 319, Augusta, Maine 04332-0319**