

# ELSIE & WILLIAM VILES FOUNDATION APPLICATION

## APPLICATION FOR DONATION (Requesting less than \$5000.00)

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 3 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**