MATRIX SERVICE COMPANY

Charitable giving application

Group or organization information

Date of request: _____ Date request needed: _____

Name of group or organization: _____

Street address: _____

City: _____ State: _____ Zip: _____

Person making the request: _____

Title: _____ Phone: _____

Email: _____ Fax: _____

Organization's primary purpose/mission: _____

_____

_____

Is your group or organization a 501(c) (3) nonprofit agency?   Yes   No

Is your group or organization a United Way partner?   Yes   No

Details of request

Purpose of your request/name of event: _____

_____

_____

Amount of request: $_____

Accounting use only

Date received: _____ Date processed: _____

Approved: Yes   No   Approved by: _____