

Donation Request Form

Applicants are encouraged to attach additional information as deemed appropriate

Date of Request: _____ Person Making Request _____
Organization _____
Physical Address _____
Mailing Address _____
E-Mail Address _____ Contact Phone # _____

Documentation Needed: Copy of IRS designation letter and copy of IRS form 990

Is this organization a 501c3 non-profit agency YES NO

What is your organization's primary mission? _____

Describe the specifics of your donation request? _____

Describe how the donation will benefit the community _____

Please Describe any advertisement or promotions that will Benefit Everett Firefighters Association?

Signature of person making request _____

Please send all request to: EFFA
P.O. Box 2203
Everett WA. 98213