



Charitable Contribution Request Form

PLEASE COMPLETE THIS APPLICATION FORM IN ITS ENTIRETY

Date: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Executive Director: _____

Contact Person (if different): _____

Email Address: _____ Website: _____

Is your organization currently a customer of Howard Printing, Inc.? Yes No

Please provide a brief description of your organization: _____

Geographic area served: _____

Amount of donation requested: _____ Total fundraising goal: _____

Type of donation preferred:

Cash _____ Printing _____ Sponsorship _____ Other: _____

Summarize the program, project, or purpose for which you are requesting funds:

Please provide a copy of 501(c)(3) classification from the IRS with your application.

Signature

Title

Please return completed application to:

*Howard Printing, Inc.
Attn: Sue Heinemann
14 Noahs Lane
Brattleboro, VT 05301*

If you have any questions relative to this form, please call Sue Heinemann at 802-254-3550.

**Applications are reviewed twice a year at the end of December and the end of June for the following six months.
Deadlines are November 1st and May 1st respectively. Please plan the timing of your request accordingly.**