magneti cares

GRANT APPLICATION

Thank you so much for your interest in the Magneti Cares grant program! The following application gives us a good idea of who your organization is and how we can support you.

NAME OF ORGANIZATION

PHYSICAL ADDRESS

CITY/STATE/ZIP

MAILING ADDRESS (if different from physical address)

ORGANIZATION'S WEBSITE

ORGANIZATION'S EIN (employer identification number)

CEO/ED/PRESIDENT

EMAIL

PHONE

CONTACT PERSON

EMAIL

PHONE

EMPLOYEES

VOLUNTEERS

APPROXIMATE NUMBER OF PEOPLE SERVED ANUALLY

GEOGRAPHIC AREA SERVED

AGE RANGE OF PEOPLE SERVED

BRIEFLY DESCRIBE THE ORGANIZATION'S PRINCIPLE AND PURPOSE

SPECIFIC PURPOSE FOR THE FUNDS REQUESTED

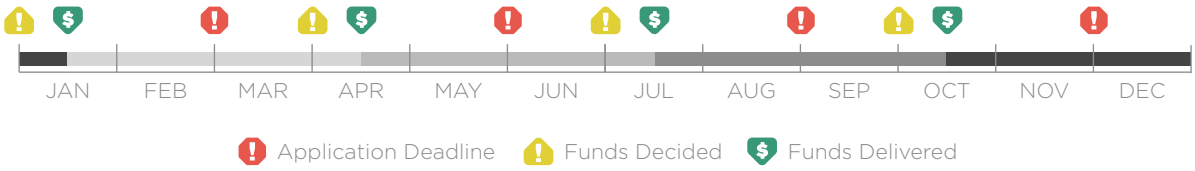
AMOUNT REQUESTED

THIS REPRESENTS WHAT PERCENTAGE OF THE TOTAL FUNDRAISING GOAL?

REPRESENTATIVE SIGNATURE

DATE

Along with this document, please also email any supporting documents that outline the program, event, or need.

Email this PDF, along with those supporting attachments to *care@magneti.com*

Magneti Cares has 4 giving cycles every year