



**REQUEST FOR CONTRIBUTION**

Organization/Individual requesting funds:

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Address

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City/State/Zip

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Home Phone

Cell Phone

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Email

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Amount Requested: \$ \_\_\_\_\_ Date Funds are needed: \_\_\_\_\_

Previous Request for Funding \_\_\_\_\_

Description of Request:

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Description of PR Credit provided to CIPF:

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Please make checks, corporate matches, and other donations payable to:

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How will results be communicated to CIPF: \_\_\_\_\_



Office Use:

Date out to vote: \_\_\_\_\_

Vote record: \_\_\_\_\_

Check # \_\_\_\_\_

Date Check Mailed: \_\_\_\_\_