



REQUEST FOR DONATION

Date

Name of Organization

Contact Person & Title

Daytime Phone Number

Evening or Cell Number

Address *See Note

City, State, Zip

***Note: We will mail your response and any disbursement to this address unless otherwise instructed.**

Because of the wide fluctuation of excess funds from year to year and the demand for these funds, Frontier Days, Inc. donations must not be included in any organization's income budgeting plan.

The Board of Directors of Frontier Days, Inc. makes donations based on the following criteria:

- The organization/group must be charitable, non-profit, and community based.
- The proposed project must be a capital expenditure or a special purpose.
- Programs, purchases or projects beneficial to the Arlington Heights community.

PLEASE DETAIL THE FOLLOWING:

1) Summarize your organization's mission and ongoing programs

2) Describe your proposed project for which you are requesting funds and how it will enhance your organization's impact on the community.

3) The estimated total cost of the project. \$ _____

4) Can your project be partially funded? → YES → NO (Must check one of these boxes)

5) If yes, please itemize (in order of priority) those projects or purchases which we could fund with a partial donation. Include individual costs for each item.

6) Who will benefit or be served by your organization?

7) Is your request for a → Special Purpose
(Check one) → Capital expenditure

This form must be faxed or postmarked no later than October 4, 2017 and returned to:

Frontier Days, Inc.
Attn: Distribution of Funds Chairman
PO Box 177
Arlington Heights, IL 60006-0177

Fax: **847-577-8645**

Should you have any questions regarding this application, call 847-577-8572.

IMPORTANT

Your request must be submitted on this form! No other application method will be accepted. You may use a one page attachment.