

BMCF Philanthropic Donation Application

Please fill out the form and return by emailing the word document back to BMCgiving@yahoo.com or mail the printed form to Batavia Mothers Club Foundation; P.O. Box 91; Batavia, IL 60510; Attn: Philanthropic Application. Thank You!

Date _____ Amount being requested _____

Name of Organization _____

Address _____ City _____ Zip _____

Contact Person _____ Phone Number _____

Email _____

(This address will be used in our yearly reminders so please include one that will most likely be active in the future.)

Please answer the following questions about your organization. If you need to use additional pages, please do so.

1. What is your mission statement?
2. Describe the people you serve in terms of age and the number within each age group (e.g., infants, preschoolers, 5-10 year olds, teenagers, single moms, families, etc.).
3. What geographical area is served by your organization (e.g., Tri-Cities, Fox Valley, state-wide, nationwide, etc)?
4. From where do you primarily receive funding? What percent of your funding comes from the state or federal government?
5. Describe your current financial needs (please be specific).
6. If you receive a financial donation from BMCF, how will it be used?