



APPLICATION FOR CHARITABLE DONATION

The following information is required in order to process your request for Charitable Donation

Submittal Date: _____

Name of Organization: _____

Is the Organization considered a not for profit (501c)? Yes _____ No _____

If "yes" please include the Organization's current 501 (c) registration with the application

Organization Contact: _____

Organization Address: _____

Phone No.: _____ Fax No.: _____

E-mail: _____

APPLICATION CHECKLIST (Items to be provided by the Organization)

Organization Narrative: Provide a statement or narrative describing the mission of the Organization; what programs the Organization contributes to, how donations are used and any other information that the Organization deems necessary.

Organization Contribution to Payson Pro Rodeo: Will the Organization participate in the Payson Pro Rodeo events?

Gary Hardt Memorial Rodeo YES _____ NO _____

World's Oldest Continuous Rodeo YES _____ NO _____

If "YES" – The Organization will contribute _____ Volunteers totaling _____ Hours for the event If "NO" _

Please describe why the Organization is unable to provide any Volunteers for the event within the statement narrative.

Charitable Donation Request Amount: \$ _____

The Organization does not have to specify a desired amount as charitable disbursements are subject to change based on available funds and number or requests.

P.O. BOX 784 • PAYSON, ARIZONA 85547
PAYSONPRORODEO.COM



APPLICATION CONDITIONS:

- A. Additional information may be required.
- B. The Organization will be notified, in writing, if the Application for Charitable Donation is denied by the Payson Pro Rodeo Committee of Directors.
- C. Discussions between Members of the Payson Pro Rodeo Committee Board or Committee Members and the applying Organization does not bind Payson Pro Rodeo Committee.
- D. Payson Pro Rodeo shall not consider making charitable contributions to an organization that pledges volunteers or volunteer hours and does not fulfill its pledge.

I/We have completed the application and agree to the above conditions.

APPLICANTS SIGNATURE (on behalf of)

Date

NAME OF ORGANIZATION