



Please fax your completed application to 208-344-1667.

## Application for Contributions and Community Involvement

Application Type (Please check one):

Performing Arts / Visual Arts Project    School Project    Cash Donation

### Organization/Company

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Website: \_\_\_\_\_

### Performing Arts / Visual Arts Project Discount Request

Program Director: \_\_\_\_\_

Service / items requested: \_\_\_\_\_

Date when service / items are requested: \_\_\_\_\_

Please describe the project.

### School Project Discount Request

Principiipal's Name: \_\_\_\_\_

Service / items requested: \_\_\_\_\_

Date when service / items are requested: \_\_\_\_\_

Please describe the project.

### Donation Request for 501(c)(3) Organizations (Note: only for cash donation requests).

Is the company a 501(c)(3) organization?  Yes  No

Please provide us with the companies EIN: \_\_\_\_\_

Dollar Amount of requested cash donation: \_\_\_\_\_

Year Organization was Founded: \_\_\_\_\_

Number of Board Members: \_\_\_\_\_

Number of Full Time Employees: \_\_\_\_\_

Number of Part Time Employees: \_\_\_\_\_

Please provide most current Annual Financial Statements.