

## Request for Donation Application

### I. Organization Information

Organization Name: \_\_\_\_\_ Contact Name, Title \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

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

Federal EIN: \_\_\_\_\_

Website URL: \_\_\_\_\_

Are you a 501(c)3 non-profit organization?

Serving Community Since: \_\_\_\_\_

If so, please provide your federal 501(c)3 number: \_\_\_\_\_

Are you currently a client of Rice Insurance, LLC?

Are you affiliated with anyone at Rice Insurance, LLC?

Is your organization affiliated with other non-profits in Whatcom county?

What is the purpose of the organization?

### III. Request

Total amount requested from Rice Insurance, LLC \_\_\_\_\_

Are funds being requested from other organizations? \_\_\_\_\_

Total estimated for project? \_\_\_\_\_

An itemized budget may be requested \_\_\_\_\_

Purpose of funds requested from Rice Insurance, LLC \_\_\_\_\_

How many people will benefit from the donation? \_\_\_\_\_

Will the funds be used outside of Whatcom County? \_\_\_\_\_

If you have questions, please contact us at [donations@riceinsurance.com](mailto:donations@riceinsurance.com) or call (360)734-1161