

2018 Application for Appeals for Aid

One-time donation to the Charity

Complete the application as indicated.

Name of State/County or Division and Number Making the Application

Street Address of State/County or Division Making the Application

City

State

Zip

Name and Title of Contact Person

Contact Person's Phone Number

Contact Person's Email Address

Legal Name of Entity to be Considered

Employers Identification Number (EIN)

Street Address of Entity to be Considered

City

State

Zip

Indicate Type of Organization: Check all that apply.

_____ Section 501c3

_____ Section 501c8

_____ Catholic Diocese

_____ Catholic Parish

_____ State Entity

_____ County Entity

_____ Christian Based

_____ Non-Denominational

_____ Other: _____

Explain Organization Type

In a short paragraph (3-5 sentences), describe the governing body.

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In a short paragraph (3-5 sentences), state the Mission and Focus of the entity.

In a short paragraph (3-5 sentences), describe the entity's sources of revenue.

In a short paragraph (3-5 sentences) explain how the persons served by the entity will benefit from a one-time contribution if designated for contributions for the 2018-2020 Term of Office.

Attach copies of the following documents from the entity being considered:

_____ Constitution/By Laws _____ Nonprofit Approval
_____ 2017 and 2018 Budget _____ Marketing Materials
_____ Copy of Licensing Approval _____ Copy of Accreditation
_____ Other documents that support application
Please specify documents provided _____

Please specify the dollar amount being requested for consideration by the Ladies Ancient Order of Hibernians, Inc. \$ _____

Provide any other comments in a short paragraph (3-5 sentences) to support your request for your designated entity for consideration by the 2018 National Convention Delegates. Attach your additional comments to your application.

Signature of Applying Agent

Date

For National Missions & Charities Office Use

_____ Date Application Postmarked

_____ Date Application Received

Application: _____ Complete with supporting documents

_____ Further information requested

Date: