



Cahuilla Band of Indians

52701 CA-Highway 371 Anza, California 92539

DONATION REQUEST FORM

CAHUILLA BAND OF INDIANS CHARITABLE CONTRIBUTIONS

Donation requests are granted or denied based on the Cahuilla Band of Indians Policies and Procedures and the availability of funds. Requests will be held for consideration for 60 days. Requests for individual use or campaigns will not be considered. Please allow 30 days for a response or follow up.

Name of Organization: _____

Status of Organization (please provide Tax ID #): _____

Address: _____

Phone: _____ Fax: _____

Contact Name: _____ Title: _____

Phone of Contact: _____ Email: _____

Title of Event: _____

Event Date: _____ Date to receive funds by: _____

1. Please explain the purpose of your request and who it will benefit (Please attach any donation request letters that you may have on your organizations letterhead):

2. What is the total amount needed to fulfill your request? (Please attach any budgets that you may have)

3. What amount are you seeking from the Cahuilla Band of Indians Aid to Local Government?

Phone (951) 763-5549 Fax (951) 763-2808

Email: Administration@cahuilla-nsn.gov



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4. How many Native Americans are impacted by your program? _____

5. How many Cahuilla Tribal Members are impacted by your program? _____

6. Which community is directly impacted by your program? _____

7. Is this a community that is local to Cahuilla? _____

8. If granted, will you be requesting to use Cahuilla's seal for marketing?

Yes ☐

No ☐

9. If your organization is available to provide community service to our Tribe, please provide your point of contact: _____.

If request is granted, check can be made payable to (please provide address):

Organization: _____

Memo: _____

Address: _____

Name of Requestor: _____ Date submitted: _____

Signature of Requestor : _____

For Cahuilla Band of Indians use ONLY (below the line):

STAFF:

RECEIVED BY: _____ Date: _____

COUNCIL:

Request Approved (Y/N): _____ Amount Approved: _____

Tribal Council (Please sign): _____

Date: _____ Comments: _____

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