



# 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?  
\_\_\_\_\_



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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 if 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: \_\_\_\_\_