Bachus & Schanker Cares Foundation
1899 Wynkoop Street, Suite 700
Denver, CO 80202

Phone / 866.755.3882
Fax / 303-893-9900

bscf@coloradolaw.net

Donation Request

APPLICATION GUIDELINES

• Thank you for the opportunity to help your tax-exempt organization. The Bachus & Schanker Cares Foundation receives a substantial number of funding requests and unfortunately we cannot provide assistance, either through financial, promotional or actual participation to all of them. To assist us in making a decision regarding your request, please fill out the following form.

• The Bachus & Schanker Cares Foundation is restricted by law to making donations only to registered tax-exempt non-profit organizations. We are able to make a donation to other tax-exempt organizations provide services to the public. Please contact the Bachus & Schanker Cares Foundation with any questions about whether your organization may qualify.

• Other required documentation includes:
- ❑ Any flyers or brochures that provide more information about your organization and/or event.
- ❑ Your Federal Tax ID and Letter of Determination from the IRS.
- ❑ Certificate of Good Standing from your Secretary of State.

• Please allow at least 6 - 8 weeks advance notice for your request.

• Once you have completed your application you may submit it and any supporting documentation to the foundation. Incomplete applications may be returned to you and will delay the application process.

By Mail:

Dawn Line Rozecki
1899 Wynkoop Street, Suite 700
Denver, CO 80202

By Fax: Attention: BSCF
303-893-9900

By Email: bscaresfoundation@coloradolaw.net

• You will be notified of the acceptance or denial of your donation request after your application has been reviewed. Applications are reviewed once a month, usually around mid-month. If for some reason you have not recieved a response within 60 days, please contact us.

• Please note that receipt of this application does not guarantee acceptance of your request and you may be asked for additional information.

• Past participation does not guarantee future consideration. We will notify you if your request has been accepted, however if we are unable to help at this time, you may be able to resubmit your request in the future.

CONTACT INFORMATION

Name of Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

How did you hear about the Bachus & Schanker Cares Foundation? _____

ORGANIZATION INFORMATION

Is your organization a IRS registered tax-exempt? ❑Yes ❑No

Can you provide a IRS tax exempt certificate? ❑Yes ❑No

Please describe your organization's mission or purpose: _____

_____

DESCRIPTION OR DONATION PURPOSE

Name/Purpose Description: _____

Description (You may attach a flyer or brochure) : _____

_____

Date/Location (if an event): _____

Who will benefit from this donation: _____

_____

What is the anticipated attendance for this event? _____

How many years (or times) has your organization participated in this event? _____

How can BSCF help? Please be specific. (You may attach a flyer or brochure describing sponsorship levels and/or a detailed description of the donation): _____

_____

_____

How will the Bachus & Schanker Cares Foundation be recognized through this donation or at this event? _____

_____

Donation amount requested: _____

Donation deadline: _____

Other information you'd like us to know: _____

_____

Signed: _____

Name: _____

Title: _____