



THE JUSTIN C. THOMPSON MEMORIAL FOUNDATION

12130 Josephine Marie

Maryland Heights, Missouri 63043

Telephone: 314-209-1501 e-mail: jthompson@justin-credible.org

DONATION REQUEST FORM

Please fill out this form, attach any necessary requested information, and mail the application to The Justin C. Thompson Memorial Foundation at the address above. Incomplete applications or ones not providing proof of non-profit status will be returned.

(Please Print)

Donation Title: _____ Date: _____

Organization Requesting Donation: _____

Street Address: _____

City, State & Zip Code: _____

Telephone No: (____) _____ - _____ FAX: (____) _____ - _____

Email Address: _____

Federal Tax ID #: _____

Please attach information indicating non-profit status. (i.e. IRS determination letter)

Describe the purpose of the donation:

Program Director Name: (Please Print) _____

Program Director Signature: _____

For Justin C. Thompson Memorial Foundation Use Only

Date Application Rec'd: _____ Proof of Non-Profit Status? Yes No

Funding Eligible? Yes No (If "No", attach letter to applicant.)

Board Members: _____

Meeting Date: _____ Approval Yes No Amount Approved: \$ _____

Signature Date Title