



# Coastal Quilters Guild

of Santa Barbara and Goleta, California



## APPLICATION FOR DONATION AND/OR ASSISTANCE

### About You:

Organization Name: \_\_\_\_\_

\_\_\_\_ Non-Profit Federal Tax ID No.: \_\_\_\_\_ Website Address: \_\_\_\_\_

Your Location: Street address: \_\_\_\_\_ Mailing Address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Contact Information:

Name & Title: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Briefly describe your goals, special event and/or specific need, and why you think Coastal Quilters Guild ("CQG") should support your request:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach additional information or material that explains more about your organization's specific needs. Information you provide may be a contributing factor in determining our ability to assist you in achieving your goal(s).

**Will there be public recognition for all contribution(s) made by CQG?** \_\_\_\_ No \_\_\_\_ Yes

If "Yes," please describe: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_ Request is for a MONETARY DONATION in the amount of \$ \_\_\_\_\_

\_\_\_\_ Request is for a FINISHED PRODUCT or MATERIALS (specify): \_\_\_\_\_

**What is your RESPONSE DEADLINE:** \_\_\_\_\_ **Your EVENT date:** \_\_\_\_\_

Today's Date: \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

### Please check ALL that may be applicable:

\_\_\_\_ I am NOT currently a member of CQG

\_\_\_\_ I am CURRENTLY a member of CQG

\_\_\_\_ This request is for CQG Satellite Group (Name): \_\_\_\_\_

**Send your request to: Coastal Quilters Guild, Inc.  
Attn: President  
P.O. Box 6341  
Santa Barbara, CA 93160-6341**

Date Received: \_\_\_\_\_ Decision Date: \_\_\_\_\_ Approved: \_\_\_\_ Denied: \_\_\_\_ Rev. 06/2015