

Date of application: _____

The Wish You Well Foundation Donation Request Form

Organization Information

The Literacy Project _____ Same _____
Name of organization Legal name, if different

12345 Apple Street _____ Clearwater _____ MI _____ 12345 _____
Address City State Zip

800-555-1234 _____ 800-555-4321 _____ www.literacyproject.example _____
Phone Fax Web site address

Jane Doe _____ Executive Director _____ 800-555-1234 _____ jdoo@literacyproject.example _____
Name of contact Title Phone Email

Sally Jones _____ Board President _____ 800-555-1234 _____ sjon@literacyproject.example _____
Name of board chair, president, or residing officer Title Phone Email

Proposal Information

Please construct a 3-4 sentence summary of the request:

The Literacy Project (TLP) is seeking support for our volunteer adult and family tutoring training, teaching materials, and reading programs. Since 1991, TLP has served more than 6,000 adults in central Michigan to reach their full potential and strengthen their relationship with their families, their workplaces, and their communities.

Funds are being requested for (check the one or more that best fits your program or project):

General Operating support Start-up costs Capital
 Program/project support Technical assistance Other (please specify) _____

Project dates: Since 1991, on-going _____ Fiscal year end: December _____

Budget

Dollar amount requested: \$ 1,500 _____
Total annual organization budget (copy attached) \$ 162,400 _____
Total program or project budget (copy attached) \$ 17,500 _____

Authorization

Name of the board chair, president, or presiding officer: Sally Jones _____

SIGNATURE _____ DATE 01/02/03 _____