

ED HAUS FOUNDATION DONATION REQUEST FORM

Organization's Name: _____

Applicant's Name: _____

Address: _____

City, State, Zip: _____

E-mail: _____

Phone: _____

Event Name: _____

Amount of Request: _____ Total Program Budget: _____

Request for funds is for the following purpose: (Explain expenditure – attach additional sheets if necessary. Age of participants, how you heard about our Organization, etc.)

Signature of requestor

Title

Date

Please submit request for funds to:

EHF

19499 County Road 8

Kimball, MN 55353