



## Give Back Application

Complete this application with information about your organization and return it to The Print Raven for consideration by our Give Back Program.

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

Describe your organization (vision, goals, who is served or include a document with this information):

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Describe Your Request:

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IRS 501(3)(c) Organization? \_\_\_\_\_ Number of Members: \_\_\_\_\_

Date Established: \_\_\_\_\_

Name of Principal(s) and Titles:

_____	_____
_____	_____
_____	_____

Primary Contact Information:

Contact Name: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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