



Town of Hotchkiss

Charitable Donations Application

Please have a representative appear before the Board of Trustees to answer Questions

Name of Organization: _____

Mailing address: _____

Contact person: _____

Phone(s): _____ E-Mail: _____

Purpose of organization: _____

When was your organization formed? _____

Are you registered as a non-profit? _____

(Attach copy of non-profit status)

If not, what is your status? _____

Briefly state the nature of your request, including a specific amount of money if applicable, and how it benefits the citizens of Hotchkiss. *(Use back of sheet or attach other explanatory material you might think useful.)*

Signature of person applying: _____ *Date:* _____