



**ORGANIZATION ASSISTANCE**

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

The Information provided on your application will be reviewed by the Bellingham-Central Lions Club Community Needs Committee and Board of Directors.

**ORGANIZATION INFORMATION**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address if different from Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Name of Contact Person: \_\_\_\_\_

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

Phone Number(s) with Area Code: Bus: \_\_\_\_\_

Mobile: \_\_\_\_\_ Accept Texts: Yes \_\_\_ No \_\_\_

Type of Organization: For Profit Corporation \_\_\_ Non-Profit organization \_\_\_ Other \_\_\_

**PLEASE EXPLAIN YOUR SPECIFIC REQUEST**

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

Have you requested assistance from other organizations? Yes \_\_\_ No \_\_\_

If yes, from whom? \_\_\_\_\_

Have you received assistance from Bellingham-Central Lions Club in the past? Yes \_\_\_ No \_\_\_

Who referred you to us? \_\_\_\_\_

Please attach your current financial statement to include number of paid staff or employees.

The undersign vouches that the information provided on this form is true and accurate to the best of his/her knowledge and authorizes that Bellingham-Central Lions Club is authorized to verify the information provided.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Position in Organization: \_\_\_\_\_