

Full Name: _____

Organization: _____

Address: _____

Phone Number: _____

Organization's Tax ID: _____

How much funds are you requesting? _____

Tell us About your organization

Tell us how the funds will help your organization

Signature: _____ Date: _____

Thank you for your interest in our grant program.

Please e-mail the filled out form to Alissa - alissa@givinghopesf.org

or to Neil - neil@givinghopesf.org

or you can also send it to Giving Hope

1605 w Burnside st.

Sioux Falls SD 57104

