

Karis Kares Continuation Application

Organization Information **FEDERAL ID#** _____ **IRC Section#** _____

Organization Name: _____

Mailing Address: _____

Contact Name and Position: _____

Phone Number: _____ Email: _____

Date of Request: _____

1. Describe How The Previous Donation Impacted The Organization and Supported Goals:

2. Amount Currently Being Requested: _____

3. Describe how the money will be used (be specific) and how it will support the organization's goals? *(Note that donation funds can only be used for the purpose described here).*

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I agree, on behalf of the applying organization, that the funds requested will only be used for the purpose described, and if funds are not so used, they will be returned to Karis. I also agree to provide Karis (upon request) with a written summary or testimony of how the donation is used to support the organization's goals and how it helped the populations served.

Signed: _____

Position: _____

Please complete and return the application to Karis by one of the following methods:

Mail: PO Box 155, Weyers Cave, VA 24486

Email: thekarisproject@gmail.com

To be used by Karis only

Application Status: APPROVED / REJECTED / PENDING

Approval Date: _____

Donation Amount: _____

Comments: