



## SC Give Previous Participant Application

### Organization Information

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

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

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

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

Website: \_\_\_\_\_ Tax ID # \_\_\_\_\_

Type of Organization:  501(c)(3)  501(c)(8)  501(c)(19)  Public Agency

If a 501(c), is your organization required to file an annual Charitable Solicitations Registration\* with the Washington Secretary of State?  Yes  No

*\*You are likely required to have a Charitable Solicitations Registration if your organization has any paid officers or employees, or if you receive more than \$50,000 per year from the public.*

### Project Information

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

Brief description of project:

### Signature & Certification

I understand that the funds raised during this event are restricted-use funds that can only be used to implement this specific project. Funds cannot be used for general operational overhead or to fund further fundraising efforts.

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

Title: \_\_\_\_\_

Email completed application to [bev@s-caf.org](mailto:bev@s-caf.org)