

## APPLICATION FOR DONATION

FOR ORGANIZATIONS:  Organization Name Applying:				DATE:		
Organization Name Applying:  Web URL:						
Tax ID #:				_		
Is your organization a 501(c) (3) Non profi		Y		N		
Contact Person for further questions(list y	our title as well):	_				
Direct Phone Number:						
Please list cities, states,and counties your City State	=	ves County		<u>-</u>		
FOR INDIVIDUAL RECIPIENTS:  Donation recipient's name:				- -		
Is the donation recipient a Trinity Logistics If not a team member, is there a relationsl Trinity Distribution, or DLT team member If so, please explain?	nip between the d ? Y	onation recip N	ent and	a Trinity Logistics	N s,	
Requesting funds for an individual other th	nan yourself? List	your name h	ere:			
Are you a Trinity Logistics, Trinity Distribut	tion, or DLT team	member?		(circle one)	Υ	N
FOR BOTH ORGANIZATIONS AND INDI	IVIDUALS:					
Recipient's Address:				_		
City: State	e:	Zip:		_		
Phone:	Fax:					
Email address:						

Required Information:		
Project Budget (if applicable):	\$ R	equested Amount: \$
Date of Event:		unds Needed By:
Please note: If you feel addition	nal pages are necessary to questions, feel free to at	to properly answer either of the followin
	questions, reel free to at	llacii separale pages.
1. Please describe the specific	ourpose for which this donati	ion is requested:
2. Summarize how the donation	will be used. Please cite sp	pecific planned expenses and
the costs related. Cite how the p		
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3. List requests you have alread	y made to other sources and	a the amt(s) requested:
4. List other funding already gra	nted for this project or purpo	ose and from what source.
5. Has the Trinity Foundation do	nated to your organization in	n prior years? If so, list the amount,
approximate year, and for what p		Tener years. It so, not the amount,

Thank you for your submission. All information will be kept confidential.

Applications are reviewed on the final week of each month.

The Trinity Foundation accepts applications one of three ways:

Mail to: Trinity Foundation, PO BOX 1620 Seaford, DE 19973

Fax to: (302) 262-8459 Attention: Brittany Siegel, Auditor

Email to:brittany.siegel@trinitylogistics.com