



APPLICATION FOR DONATION

Note: Please type or print neatly

DATE: \_\_\_\_\_

**FOR ORGANIZATIONS:**

Organization Name Applying: \_\_\_\_\_

Web URL: \_\_\_\_\_

Tax ID #: \_\_\_\_\_ Fed Emp Identification #: \_\_\_\_\_

Is your organization a 501(c)(3) Non profit? (circle one)      Y      N

Contact Person for further questions(list your title as well): \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

Please list cities, states, and counties your organization serves

City	State	County
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**FOR INDIVIDUAL RECIPIENTS:**

Donation recipient's name: \_\_\_\_\_

Is the donation recipient a Trinity Logistics or Burriss Logistics team member?      Y      N

If not a team member, is there a relationship between the donation recipient and a Trinity Logistics or Burriss Logistics team member?      Y      N

If so, please explain? \_\_\_\_\_

Requesting funds for an individual other than yourself? List your name here: \_\_\_\_\_

Are you a Trinity Logistics or Burriss Logistics team member? (circle one)      Y      N

**FOR BOTH ORGANIZATIONS AND INDIVIDUALS:**

Recipient's Address:

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email address: \_\_\_\_\_

**Required Information:**

Project Budget (if applicable): \$ \_\_\_\_\_ Requested Amount: \$ \_\_\_\_\_

Date of Event: \_\_\_\_\_ Funds Needed By: \_\_\_\_\_

**Please note: If you feel additional pages are necessary to properly answer either of the following questions, feel free to attach separate pages.**

1. Please describe the specific purpose for which this donation is requested:

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2. Summarize how the donation will be used. Please cite specific planned expenses and the costs related. Cite how the planned purchases will benefit your organization or purpose.

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3. List requests you have already made to other sources and the amt(s) requested:

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4. List other funding already granted for this project or purpose and from what source.

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5. Has the Trinity Foundation donated to your organization in prior years? If so, list the amount, approximate year, and for what purpose.

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

Applications are reviewed the second Thursday of each month. If the event date falls between committee meetings there may not be ample time to review the request. Please ensure your application is submitted 30 days prior to the funds need by date.

The Trinity Foundation accepts applications one of three ways:

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

Fax to: 302-253-0235

Email to: [brittany.siegel@trinitylogistics.com](mailto:brittany.siegel@trinitylogistics.com)