



# Grant/Donation Request Form

Date of Grant/Donation Request: \_\_\_\_\_

Legal Name of Organization \_\_\_\_\_

Company Name \_\_\_\_\_

Contact Name and Title \_\_\_\_\_

Address

City	State	Zip
_____	_____	_____

501c (3)	Yes	No
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Organization's Website \_\_\_\_\_

Amount Requested \_\_\_\_\_

Purpose of Grant/Donation

<b>For Internal Use Only</b> ____S ____F Approved ____Y ____N Date _____ Notified Requestor Date _____ By _____
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<b>Return completed request forms to:</b>  Tampa Bay Steel 6901 E. 6th Avenue Tampa, FL 33619 Attention: Ministry Committee  Fax: 813-622-7253
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