

DATE:

PLEASE COMPLETE THIS FORM AND MAIL TO: ERION FOUNDATION, P.O. BOX 732, LOVELAND, CO 80539

ORGANIZATION NAME:			
CONTACT NAME:			
TITLE:			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY:	STATE:	ZIP:	
TELEPHONE:	FAX:		
EMAIL ADDRESS:			
URL:			

AMOUNT REQUESTED:			
TYPE:	<input type="checkbox"/> PROGRAM	<input type="checkbox"/> OPERATING	<input type="checkbox"/> CAPITAL
AREA:	<input type="checkbox"/> BASIC NEEDS	<input type="checkbox"/> EDUCATION	<input type="checkbox"/> HEALTH & WELFARE <input type="checkbox"/> CULTURE & COMMUNITY

NUMBER OF PEOPLE SERVED IN THE PAST 12 MONTHS IN LOVELAND:	
NUMBER OF PEOPLE SERVED IN THE PAST 12 MONTHS IN LARIMER COUNTY (EXCLUDING LOVELAND):	
IS YOUR REQUEST FOR OUR GEOGRAPHICAL SERVICE AREA?	<input type="checkbox"/> YES <input type="checkbox"/> NO

HOW WOULD THESE FUNDS BE USED (BRIEFLY DESCRIBE IN THE SPACE ALLOTTED)?

PLEASE INCLUDE:	<input type="checkbox"/> A COPY OF YOUR ORGANIZATION'S 501(C)(3) DESIGNATION LETTER
	<input type="checkbox"/> PAGE ONE OF YOUR ORGANIZATION'S MOST RECENT IRS FORM 990

YOUR NAME:	TITLE:
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PLEASE DO NOT SEND EXTRA MATERIALS - IF WE HAVE QUESTIONS WE WILL CALL.