

Adams Wealth Advisors Charitable Request Form



Date: ____/____/____

Organization Name: _____

Organization URL: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Title/Relationship to Charity: _____

Contact Email: _____

Contact Phone: _____

What is your donation Request? _____

What is the deadline for receiving the donation? _____

Description of services provided, and community served

Name and description of Event or Activity

Date of Activity: ____/____/____ through ____/____/____

Anticipated number of participants: _____ Are you classified by the IRS as a 501(c) (3) _____
Charity TIN _____

Along with this form, please include a brief description of the requesting organization (including mission and leadership) and mail or fax to:

1047 S 100 W STE #220 Logan, Utah 84321 **Fax:** 435.214.4461 **email:** erin@adams-wealth.com

For Adams Wealth use:

Date Received _____ Date approved/declined _____ Amount/Service Approved _____ Date Approval Processed or Decline Letter Sent _____