

Charitable Giving Application

Charitable organization:				501(c)(3) organization: Yes	No
Website:				EIN/Tax ID:	
Address:					
City:		State:	Zip code:		
Contact name:					
Title:					
Phone:	Email:				
Amount requested:	C	eographic are	a served:		
Description of charitable organ	nization:				
555 5					
Who is completing this applica	ation and wha	at is your relati	onship to Re	eliable Credit Association an	ıd
the charitable organization?					
Llow would the emount reque	otad ba uaad	by the charital	hlo organiza	stion?	
How would the amount reques	siea de usea	by the chanta	ole organiza	auon?	
Opportunities for volunteers (i	f any):				
	• /				

Please send any questions or completed applications to: charitablegiving@reliablecredit.com

A current and signed W-9 will be required for final approval.