

# APPLICATION FOR CONTRIBUTION

---

Integral Northwest is committed to a program of philanthropy that supports and invests in the quality of life in both local and international communities. We are honored to donate our time and resources to numerous charities. We invite your organization to be considered for a contribution by filling out an application and returning it to us. We look forward to hearing more about your organization's charitable efforts.

## ORGANIZATION INFORMATION

Name of Organization: \_\_\_\_\_

Charitable Status: \_\_\_\_\_

Main Contact Person (First / Last Name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Country: \_\_\_\_\_ Zip or Postal Code: \_\_\_\_\_

Website: \_\_\_\_\_

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

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

## MISSION STATEMENT \_\_\_\_\_

---

---

---

---

---

## ORGANIZATION GOALS \_\_\_\_\_

---

---

---

---

---

**PLEASE DESCRIBE THE IMPACTS OUR CONTRIBUTION WILL HAVE** \_\_\_\_\_

---

---

---

---

---

---

---

---

**REQUESTED CONTRIBUTION (Specify)** \_\_\_\_\_

**VOLUNTEERING OPPORTUNITY (Please provide details of volunteer commitment and/or expectations)**

---

---

---

---

---

---

---

---

**CONTACT PERSON FOR PROGRAM** \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Once this 'Application for Contribution' has been filled out you may return it to us along with:

**(1) Bios of key people; (2) References & their contact information.**

Please return to us by mail (8115 Broadway, Suite 204, Everett, WA 98203) or e-mail: [info@integralnw.com](mailto:info@integralnw.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_