DONATION REQUEST FORM



Lighthouse Thriftique

Serving Christ & Our Community

We are pleased to support our community through charitable donations. Please fill out the form below to request a monetary donation from Lighthouse Thriftique. All requests will be reviewed, and you will be contacted regarding the status of your application.

| Name: | | Phone: |
|-------------|----------------------------------|-------------------------------------|
| Website: | | E-mail: |
| Org: | | EIN: |
| Are you a 5 | 501(c)3 organization? Yes/No | |
| Organizat | tion's Mission Statement | |
| | | |
| | | |
| | | |
| How does | your organization/cause align wi | th Lighthouse Thriftique's mission? |
| | | |
| | | |
| Donatio | on Request Details | |
| Amount Red | ruested: | |

| Purpose of the Donation |
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| How will this donation benefit the community? |
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| |
| Have you received a donation from Lighthouse Thriftique in the past? Yes/No |
| If yes, when and how was it used? |
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| |
| Supporting Documents: |
| Upload a copy of your IRS Determination Letter (for 501(c)3 organizations) Upload any additional documents or information that may support your request. |
| Acknowledgment: |
| By submitting this form, I can certify that the information provided is true and accurate to the best of my knowledge. |
| Signed: |
| Date: |
| After Submission: |

- You will receive an email confirmation that your request has been received.
- Please allow 30 days for your request to be reviewed.
- If additional information is needed, we will contact you using the information provided.