

## **Application for Charitable Funds**

Arley Women's Club, Inc. P. O. Box 15 Arley, AL 35541 501c3 Non-Profit Organization

Instructions: Download, complete the form and acquire required signatures. Email completed form with attachments to: treasurer@arleywomensclub.org no later than October 31.2025.

<u>-</u>			
Date			
Organization:		Tax Status:	
Organization Miss	sion/Goals		
Program/Services	offered by your organ	nization:	
Submitter's Name	2:		
Email address:			
Cell Phone:			
Address:		City/State/Zip Code	
Describe your req	μuest:		
Purpose of reques	st:		
Benefit to individu	uals or organization:		
Amount Requeste	ed:		
Other sources of f	funding/matching fund	d for your request:	
Attach a quote and a photo of item to be purchased.			
Signature:			
Principal Signatur	e (for school requests)	):	
For AWC use only: Grant # Amount:			