

City of Montgomery AL City Council Request for Charitable Donation Form.

Name of Organization: _____

Address of Organization: _____

Contact Person for the organization: Phone Number and Email.

EIN Number of the organization: _____

Mission of organization:

Amount requesting: _____

Reason the funds are needed:

How are the funds going to be used for?

Amount the Councillor is contributing toward event - subject to final approval:

Councillor requesting potential allocation: _____

