



## The Harris Family Christian Foundation DONATION APPLICATION

The HFCF will consider making a donation towards your organization's activity or event provided it meets one of the following criteria:

1. Existing local Christian organization
2. Local civic/community project which allows recognition of Jesus Christ
3. Evangelical mission trip or project (provided that local people are involved)

When possible, please complete this application and return it at least 30 days prior to the date that you need an answer.

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Phone # : \_\_\_\_\_

E-mail address: \_\_\_\_\_

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

Organization Address: \_\_\_\_\_

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

Organization phone #: \_\_\_\_\_

Contact person (other than yourself): \_\_\_\_\_

Tell us about your event/activity/trip: (Date, location, description)

How will Jesus Christ be glorified thru this event?

What kind of support are you seeking from us?

What is the total budget for this project?

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Authorized Signature

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Date

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Print Name

Print this document and mail to:

Harris Family Christian Foundation  
P.O. Box 412  
Du Quoin, IL 62832