|  |  |  |
| --- | --- | --- |
| Name of organization: |  |  |
|  Contact person: |  |  |
|  Address: |  |  |
|  Phone: |  |  |
|  Email: |  |  |
|  EIN number: |  |  |
|  Website: |  |  |
|  Facebook: |  |  |
|  |  |

About YOUR organization: (please limit to 1-3 sentences – this will go onto the website with our logo)

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By signing below, if we choose to participate in the Week of Giving, we:

* Acknowledge that we reviewed and understand the PowerPoint presentation.
* Acknowledge our receipt of guidelines for the event and agree to follow guidelines.
* Agree to pay a $250.00 registration fee that goes towards the Bonus Fund.
* Agree to allow the Armstrong County Community Foundation to use the nonprofits name, pictures, logos, amount of donations received, and social media posts to highlight the Week of Giving success.
* Understand that noncompliance with these guidelines may result in forfeit of the bonus fund percentage that would have been allocated to your organization’s project.
* Certify that this organization does not support or engage in any terrorist activity.

|  |  |  |
| --- | --- | --- |
| Signature |  | Title |
| Print name |  | Date |

**Submit to the Community Foundation by April 21, 2025**

**220 S. Jefferson St., Kittanning, PA 16201 (724)548-5897**

**jodi@servingtheheart.org** **or** **samantha@servingtheheart.org**