

**CEAC East Ventura County Chapter**  
**2060 East Avenida de Los Arboles, #D215, Thousand Oaks, CA 91362-1376**  
**info@eastventuraeac.org**

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**REQUEST FOR DONATION**

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**1. Name and address of organization:**

**2. Name and title of head of organization:**

**3. Contact person (if different from above):**

**Phone:**

**Ext.:**

**Fax:**

**E-mail:**

**4. Mission of organization and main activities:**

**5. Donation request for:**

**6. Who benefits from project and how?**

**7. Amount of donation request:**

**8. Date of Event:**

**9. The undersigned person hereby certifies that the information in this application and supporting documents is correct to the best of her or his knowledge.**

**10.** \_\_\_\_\_  
**(Applicant Organization)**

\_\_\_\_\_  
**(Signature)**

\_\_\_\_\_  
**(Date)**

\_\_\_\_\_  
**(Print Name and Title)**