



Charitable Request Form

Tyndall Spouses Club

SERVICE • FRIENDSHIP • FUN

www.tyndallsc.org

Important Application Deadline Guidelines

Please submit your request no later than the 15th of each month. Charitable requests are not considered after an event or charitable need has passed.

All requests submitted to the Charitable Committee past this deadline will not be considered until the following month's scheduled Charitable Committee Meeting. Requests received after May 15th will not be considered until August 1st.

Applicant Information

Name of organization: _____

POC Name and Title: _____

Address: _____

Phone: _____ Email: _____

Requested amount of funds: _____ Total cost of project or event: _____

Date funds needed by: _____ Number of individuals who will benefit from funds: _____

Are you a 501 (c)(3) organization? _____ Tax ID number: _____

Do you have a Combined Federal Campaign number? _____ CFC number: _____

Is your organization eligible for appropriated or non-appropriated funds? (Yes or No) _____

Is your organization a MWR or Services facility? (Yes or No) _____

Should TSC identify your organization as a recipient of Charitable Funds, to whom should the check be payable?*

**Checks cannot be made payable to an individual*

Requested funds will be used for the following (be as detailed as possible):

The TSC is a private organization. We are not part of the Department of Defense or any of its components and have no governmental status.

What other means of fundraising does your organization utilize? (Corporate events/sponsors, mass mailings, United Way, CFC, etc.)

Funds requested from other Military Spouses Clubs (source and amount requested/received):

Funds requested from other organizations (source and amount requested/received):

If approved, is your organization willing to pick up the check at our Thrift Shop so that we may both have a photo opportunity? _____

Proper authorization on each request must be obtained. A Commander's, Principal's, or Organization President's signature is required.

Signature of Requester

**Signature of
Commander/Principal/President**

Date

RETURN THIS FORM TO:

tyndall.charitable@gmail.com

OR MAIL TO:

Tyndall Spouses Club
Attn: Charitable Chair
P.O. Box 40029
Tyndall AFB, FL 32403

FOR TSC USE ONLY

Approved/Denied: _____

Check #: _____

Date: _____

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