



Charity Application Form

Organization Name			
Contact Person			
Email		Phone Number	
Mailing Address			
Purpose of Organization			
Description of Services			
Locations & Areas Served			
Do you take physical donations?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, what?	
What time of year are you in most need?			
Federal ID Number		Are you exempt under Section 501(c)(3) of the IRS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive national funding or government grants?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have volunteers who could help with the event or pre-event marketing?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

MSR Houston Charities Use		
Date Received:	Reviewed By:	Use for Event: