



## **CHARITY REGISTRATION FORM**

CHARITY CONTACT INFORMATION			
Name of 501(c)(3) Organization			
Federal Tax ID			
Primary Contact			
Secondary Contact (if applicable)	SUBMISSION INFORMATION		
Mailing Address			
City			Please submit all complete registration forms to:
Telephone Number  Email Address(es)			Jamie Crighton & Maddie Coley
Organization's Website			jamie@dlovefoundation.com
Your Organization's Mission Statement (mus	t align with the mission of the	Davis Love Foundation):	mcoley@dlovefoundation.com
			Mail <b>to</b> :
			Davis Love Foundation 100 Retreat Avenue
			St Simons Island, GA 31522
Authorization:			Questions?
As the undersigned, I agree to adhere to the Rules and Regulations. The Davis Love For in the program. I understand that the organ with the Official Entry Forms. Further, I undisbursed to the organizations by Januar	undation reserves the right to de ization is responsible for ensur inderstand all money collecte	ny any organization from participating ing all money submitted is in balance	Call (843) 687-1033
		Data	DIF
Authorized by		Date	Davis Love Foundation
REQUIRED 501(c)(3) DOCUMENTAT	ΓΙΟΝ		

Please submit the following documentation in addition to your Charity Registration Form:

• A copy of your IRS 501(c)(3) Determination Letter confirming your non-profit status

• Your organization's Tax ID on a Federal W9 Form