



CHARITY REGISTRATION FORM

CHARITY CONTACT INFORMATION

Name of 501(c)(3) Organization _____

Federal Tax ID _____

Primary Contact _____

Secondary Contact (if applicable) _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Email Address(es) _____

Organization's Website _____

Your Organization's Mission Statement *(must align with the mission of the Davis Love Foundation):*

Authorization:

As the undersigned, I agree to adhere to the Friends of Davis Love Foundation rules as outlined in the Official Rules and Regulations. The Davis Love Foundation reserves the right to deny any organization from participating in the program. I understand that the organization is responsible for ensuring all money submitted is in balance with the Official Entry Forms. Further, I understand all money collected through the program will be disbursed to the organizations by January 31, 2025.

Authorized by _____ Date _____

REQUIRED 501(c)(3) DOCUMENTATION

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

SUBMISSION INFORMATION

Please submit all complete registration forms to:

**Jamie Crighton
& Maddie
Coley**

jamie@dlovefoundation.com
mcoley@dlovefoundation.com

Mail to:

Davis Love Foundation
100 Retreat Avenue
St Simons Island, GA
31522

Questions?

Call (843) 687-1033

