

CHARITY REGISTRATION FORM

CHARITY CONTACT INFORMATION

Name of 501(c)(3) Organization _____

Federal Tax ID _____

Primary Contact _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number _____

Email Address(es) _____

Organization's Website _____

Event Name and Date _____

Amount of Money Raised Last Year at Event \$ _____

Are you fundraising for your charity or for a specific need/program?

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

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 my organization is responsible for disclosing funds raised post event in order to receive a match from The Davis Love Foundation.

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:

Lizzie Cheek

lizzie@dlovefoundation.com

Mail to:

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

Questions?

Call (843) 687-1033

