



MYERS, INC. CHARITABLE FOUNDATION

Grant Application

Applicant Information

Name of Organization: _____

Organization Address: _____

City, State, Zip Code: _____

Organization phone number: _____ Contact Name: _____

Contact Email: _____

Amount requested: _____ Date Needed: _____

Description of services: _____

501(c)(3) Tax Exempt Organization

501 (c)(3) Tax ID#: _____

Legal Name, address and phone number as it appears on IRS exemption letter (if different from above).

Organization Address: _____

City, State, Zip Code: _____

Organization phone number: _____ Contact Name: _____

Have you ever received a grant from the C. C. Myers, Inc. Charitable Foundation? Yes No

If yes, did your organization submit a "C. C. Myers, Inc. Charitable Foundation Grant Follow-Up Form" ?

Yes No

Submitted by: _____

Signature

Print Name: _____

Title: _____

Date: _____

Please attach the following information: 501(c)(3) Tax Exemption Letter

CCMCF Use Only

Check Number: _____ Check Amount \$ _____ Issue Date: _____ By: _____