

# Application to be TEN's Charity of the Month



Charity Name: \_\_\_\_\_

Your Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Physical Office Address :

\_\_\_\_\_ Mailing addresses (if different)  
\_\_\_\_\_  
\_\_\_\_\_

501 C3 status. \_\_\_\_\_ Please attach a copy of your determination letter

Number of board members \_\_\_\_\_ When does your board meet? \_\_\_\_\_

We ask to do a ten minute presentation at one of your board meetings. We bring chocolates!

How many people do you serve in the Rogue Valley per year approximately? \_\_\_\_\_

What is your mission statement? \_\_\_\_\_

Do you have an active Facebook presence? \_\_\_\_\_ Newsletter? \_\_\_\_\_

What is your Website? \_\_\_\_\_

What and when are your Annual Events?

Please attach any other information you think we may need. Thank You!

You can mail the application to 2305-C Ashland St. #289. Ashland, OR 97520

C/O Sophia S.W. Bogle Communications Coordinator 541-601-7543

**www.tengivesback.com**

**It's About Where We Live!**