



Community Giving Request

Please fax completed forms to 860.967.0128 or email to boxjudge101@yahoo.com

Date

Name of Organization

Contact Name

Day Phone

Evening Phone

Organization Address

Town

State

Zip

Email

\$

Amount Requested

Please describe your organization:

What is the intended use of the funds?

How does this request further the mission of the Connecticut Boxing Hall of Fame to promote the sport of boxing?

Are you a federally qualified non-profit 501-C3 corporation? _____ Yes _____ No

Who are the individuals on your board of directors and/or your corporate officers?
(Please include name, phone numbers and e-mail for each person.)

| Name | Phone | E-mail |
|-------------|--------------|---------------|
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What internal audits are in place to ensure that the requested funds will be used for their intended purpose?

Are you associated with the Connecticut Boxing Hall of Fame in any way?

In order for your request to be considered the Community Giving Request form must be filled out in its entirety. The Connecticut Boxing Hall of Fame reserves the right to ask for any documentation regarding the usage of funds.