



Barmuda Cares Program

DONATION APPLICATION

Name of Organization	List Name of Event and the Date
Tax ID # or 501 (c) (3) (if applicable)	Date of Application

ORGANIZATION CONTACT INFORMATION

Contact Person	Email Address		
Address/City/State/Zip			
Daytime Phone Number	Fax Phone Number		
City	State	Zip Code	Website

Organization's Mission Statement or Description of Purpose (attach supporting literature):

History/Background Information:

Year Founded: _____ City/Geographic area your organization serves: _____

Estimated number of consumers/people you serve annually: _____

Other sources of income/financial funding: _____

Donation Request: (Please circle) Gift Cards Facility Cash (list amount): _____

Description of Programs/Services (you may attach additional literature):

Purpose/Goals/Plans for this donation request:

How would you promote/publicize this event to your members and the public?

Thank you. Please email/fax completed application to:

Mailing Address for Donations:

Barmuda Companies, Barmuda Cares Program

6027 University Ave, Suite 100 _____

Cedar Falls, IA 50613

Phone: 319-266-9994

Fax: 319-266-9944

cares@barmuda.com
