

Women of Woodside Request for Support

Date: _____

Legal Name of Organization:
Mailing Adress:
Contact and Title:
Phone Number:
Email Address:
Mission of Organization:
Request for Money or Volunteers: Please describe a specific project, specific financial need, and/or dates of event and number of volunteers needed.
Where does your funding come from?
Are you an IRS #501(c)(3) tax-exempt organization? Yes or No
What is your Federal Tax ID Number?
Are you a registered South Carolina Public Charity? Yes or No