



Society Of Stranders Charitable Foundation

FUNDS REQUEST

Please print all information clearly:

Charitable Organization: _____

Contact Name: _____

Address: _____

Phone: _____

Phone: _____

E-Mail: _____

Charitable Organization's Purpose/Goals: _____

How is the money to be used? Be specific in your description _____

Dollar Amount Requested: _____

Any request of \$5,000.00 or greater requires an audit financial statement be submitted along with the request. Funds are distributed in April and September.

Name to be printed on the check: _____

Mailing Address: _____

Name of person making the request: _____

if different from the contact name:

Please attach any additional information to this form.

Date received: _____

Received by: _____
signature Board/Committee member

Forms are to be completed in duplicate with one copy to the proposed Organization and the second copy to

SOS Charitable Foundation
c/o John Carpenter
100 Smith Street
Morganton, NC 28655

The SOSCF is a 501 (C)(3) Organization