



Sponsorship & Contribution/Grant Request Form

PLEASE REFERENCE THE SOCIETY OF ITALIAN AMERICAN BUSINESSMEN 'S CHARITABLE GIVING POLICY BEFORE COMPLETING AND SUBMITTING THIS REQUEST FORM.

Date: _____

Organization: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Phone: _____

Organization Website: _____

Federal Tax ID Number: _____

Year the organization was founded: _____

Is the organization registered in the State of Maryland? Yes No

****Organizations must establish their IRS 501 (c)(3) status and provide documentation to apply****

Contact Name: _____

Title: _____

Phone: _____

Email: _____

What is the nature of your request?

Sponsorship Contribution/Grant

Sponsorship/Program Name: _____



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Event/Program Description (please include event name, date and location):

Amount Requested: \$ _____

People Program Serves: _____ Annual Program/Event? Yes No

Organization Type:

Nonprofit/Charity Academic Institution Religious Institution

Service Area: _____

Has the organization received support from the SIAB in the past? Yes No

If yes - When: _____ Amount: _____

Event/Program Description:

Signature _____ Date: _____

By signing the document, I verify that I am an authorized agent of the requesting organization and this organization qualifies for 501 (c) 3 tax deductible contributions as defined by the IRS.

Please mail this application, related material, and all relevant documentation to:

The Society of Italian American Businessmen
P.O. Box 1844
Bel Air, MD 21014

If you have questions, please send your inquiry via email to info@thesiab.org