



Mountain Networking Referral Group

APPLICATION FOR CHARITABLE GIFT

Applicants seeking a sponsorship or donation from the Mountain Networking Referral Group must be a designated 501(c)(3) entity or a community recognized charity. Please complete this form to share information regarding your organization, why you seek support from MNRG, the amount of the request, and the way in which the sponsorship or donation will contribute to the communities that are represented by members of MNRG: Towns, Union and Fannin Counties, Georgia.

Application must be returned to the current Treasurer of MNRG by the third Thursday of April and the third Thursday of October each year.

Date of Your Request: _____ Amount Requested: \$ _____

Name of Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Organization's Contact Person: _____

Position with Organization: _____

Telephone Number: _____ Cell Phone Number: _____

E-mail address: _____

Please explain in detail how this financial support from Mountain Networking Referral Group will be used, who will benefit, and the outcome this gift will make possible. Please PRINT.
