

The John G. and Marie Stella Kenedy Memorial Foundation

Fundraiser Request
(Revised June 5, 2014)

If Applicable, Diocese of: _____

Request Date: _____

Organization Name: _____

Address: _____

City: _____

State: _____

Postal Code: _____

Telephone: _____

Please use the following format: () -

Fax: _____

Please use the following format: () -

E-Mail Address: _____

(Include Web address if applicable)

Tax ID: _____

Primary Function:

Religious Educational Charitable

Project Title: _____

Event Date: _____

Project Budget: _____

Amount Requested: _____

Brief History of Organization:

(New Applicants Only)

--

SPECIFIC PURPOSE AND DESCRIPTION OF FUNDRAISER: (Include Support from other Organizations, Budget Details, Including Net Amount Expected to be Raised)

PRIMARY DAY TO DAY CONTACT INFORMATION

Name: _____

Title: _____

Telephone: _____

Please use the following format: () -

E-Mail Address: _____

If New Applicant, please attach information relevant to your 501(c) 3 status

We strongly encourage on-line applications.

Please visit us at www.kenedy.org

If Applicant needs to mail in the application, please send to:

The John G. and Marie Stella Kenedy Memorial Foundation
555 N. Carancahua, Suite 1700, Tower II
Corpus Christi, Texas 78401-0851