



Bachus & Schanker Cares Foundation
1801 California Street, Suite 4800
Denver, CO 80202

Phone: 303-893-9800
Fax: 303-893-9900
Email: caresfoundation@coloradolaw.net

DONATION REQUEST

APPLICATION GUIDELINES

- Thank you for the opportunity to help your tax-exempt organization. The Bachus & Schanker Cares Foundation receives a substantial number of funding requests and unfortunately cannot provide assistance, either through financial, promotion, or actual participation in all of them. To assist us in making a decision regarding your request, please fill out the following form.
- The Bachus & Schanker Cares Foundation is restricted by law to making donations only to registered tax-exempt non-profit organizations. We are able to donate to other tax-exempt organizations that provide services to the public. Please contact the Bachus & Schanker Cares Foundation with any questions about whether your organization may qualify.
- Other required documentation includes:
 - Any flyers or brochures that provide information on your organization and event
 - Your Federal Tax ID and Letter of Determination from the IRS
 - Certificate of Good Standing from the Colorado Secretary of State
- Please allow 6 – 8 weeks advance notice for your request.
- Once you have completed your application, you may submit it and all supporting documentation to the foundation. Incomplete applications may be returned to you and will delay the application process.

Submit by Mail: Dawn Line Rozecki
1801 California Street, Suite 4800
Denver, CO 80202

Submit by Email: caresfoundation@coloradolaw.net

- You will be notified of the acceptance or denial of your donation request after the application has been reviewed. Applications are reviewed once a month. If for some reason you have not received a response within 60 days, please contact us.
- Please note that receipt of the application does not guarantee acceptance of your request, and you may be asked for additional information.
- Past participation does not guarantee future consideration. We will notify you if your request has been accepted. If we are unable to help at this time, you are able to resubmit your request in the future.

Contact Information

Name of Organization: _____

Contact Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

How did you hear about the Cares Foundation? _____

Organization Information

Is your organization an IRS registered Tax Exempt 501C3? Yes No

Can you provide an IRS tax exempt certificate? Yes No

Please describe your organization's mission or purpose: _____

Description or Donation Purpose

Name/Purpose: _____

Description (You May Attach Flyer/Brochure): _____

Date/Location of Event (if any): _____

Who will benefit from this donation?: _____

What is the anticipated attendance for this event?: _____

How many years (or times) has your organization participated in this event?: _____

How can the Cares Foundation help? Please be specific. (You may attach a flyer/brochure describe sponsorship levels and/or a description of the donation: _____

How will the Cares Foundation be recognized for this donation?: _____

Donation Amount Requested: _____

Donation Deadline: _____

Other information you'd like us to know: _____

Signed: _____

Name: _____

Title: _____

