Charity Application

Name: _____

Address: _____

City: _____State: _____Zip Code_____

Telephone (Day): _____Telephone (Evening): _____

PCA Membership Number: _____Expiration Date: _____

Email: _____

Charity Nomination (Organization) _____

Charity Website/www: _____

Charity Contact Person: _____ Telephone_____

Criteria the Board will be using when choosing our charitable causes:

- Must have a local impact on the community
- Promotes Member Involvement
- Promotes Safety and Health
- Non Profit Organizations Only
- Organizational stability and involvement/participation with our project

Why do you feel this is the charity Silver Sage Region should select for 2017? (500 words or less)

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Please complete this application, save it and email it to Silver Sage Region Charity Committee Chairman, Molly Cuddeford at: mmcudde@gmail.com by March 20th. For more information or questions, call 208-354-2600.