



ECW Community Outreach Program Donation Request Form

Organization Name: _____

Mailing Address: _____

Federal ID#: _____

Organization Contact: _____

Phone: _____

Email: _____

Mission Statement: _____

Donation Amount Requested: \$ _____

Total Budget for Organization: \$ _____

How will the funds be used: _____

Estimated Date of Project Completion: _____

*Requests are accepted **between May 1 to June 30.***

Please send to All Saints' Episcopal Church using the mailing address or email below and include any supporting material for review.

ALL SAINTS' EPISCOPAL CHURCH

229.228.9242 • office@allsaintsthomasville.org • P.O. Box 2626 Thomasville, GA 31799