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## 5% DAY CONSIDERATION FORM

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Please scan and email completed requests to Colin Beirne at [CBeirne@DawsonsMarket.com].  
Thanks!

NAME OF ORGANIZATION: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_ PHONE: \_\_\_\_\_

TAX I.D. NUMBER/EIN: \_\_\_\_\_ YEAR ESTABLISHED: \_\_\_\_\_

ORGANIZATION ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_ NUMBER OF EMPLOYEES: \_\_\_\_\_

CATEGORY/TYPE OF CHARITY: \_\_\_\_\_

TYPES OF ANNUAL FUNDRAISING EVENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ATTACHEMENT REQUIRED:** Please include a detailed letter noting the disbursement of the charity funding (percent toward actual programs vs. staffing and marketing).

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### INTERNAL USE ONLY

APPROVED BY: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_