

Donation Request Form

Mission: "To enrich lives with hope and dignity by providing global access to healthcare and education"

Vision: "For every person, a decent quality of life"

Organization: Adventures For The Care EIN # of Organization: 030607998
 Contact Name: Patrick Blair Title: Vice President
 Phone Number: 443-223-5740 Email Address: adventureforthecare@gmail.com
 Mailing Address: 1221 Brandford Rd
 City: Catonsville State: MD Zip Code: 21228
 Date donation is needed: as soon as possible, but no exact date
 Please describe how donated funds will be used: we solicit sponsors and then send all the money to Kapenda For The Children and Destiny Diabetes (both 501C3)
 Payment payable to: AFC
 Address to submit payment: Address is the same as mailing address. (If not, please list below)

The above information is correct to the best of my knowledge. Shall the donation be approved, I will use the donated funds for the purpose listed above.

Signature: Patrick Blair Date: 4/11/2018

Thank you for your interest in partnering with the NewWave Foundation!

Please complete the form in its entirety and attach a copy of your organization's IRS 501C(3) Approval Letter. Once complete, please submit the form to info@newwave-foundation.org and allow 1-2 weeks to process your application.

For Foundation Use Only

Approved:

Approval Signature:

Rejected:

Approval Date:

Amount Donated: