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| **Non-Profit Beneficiary Application and Form** |

Please provide the following information which will enable us to review your application. You may provide additional collateral material in the form of brochures, fliers, website, etc. for consideration. Kindly keep written answers to no more than two pages and restrict information to that which is already available to the public.

**Please Note:** Deadline for submission is **April 1** of each year.

Beneficiary applications will be reviewed and recipients determined during our annual meeting which is typically held in May of each year. The applicant’s point of contact will be notified of the outcome.

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| **Instructions** |

Move through the form and enter responses. You have the option to print and send completed application and operating budget to **Campbell-Wallace Foundation**, **27411 SW Campbell Lane West Linn, OR 97068.** You may also save this document then attach and deliver via email to [**info@thecwf.org**](mailto:info@thecwf.org).

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| **Contact Information** |

**Campbell-Wallace Foundation**

27411 SW Campbell Lane, West Linn, Oregon 97068

info@thecwf.org

<https://thecwf.org>

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| **Point of Contact** |

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| **Name:** | |
| **Title:** | |
| **Email:** | **Phone:** |
| **Affiliation To Organization:** | |

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| **Organization** |

**nt of Contact**

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| --- |
| **Name:** |
| **Address:** |
| **Website:** |
| **Contact Person:** |
| **Contact Phone:** |
| **Contact Email:** |
| **Year Formed:** |
| **Taxpayer ID:** |

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| **Mission Statement:** |

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| **How does your organization benefit the community?** |

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| **Would a contribution go to a general fund within the organization, or will it be earmarked for a specific purpose?** |
| The contribution would be deposited to a general fund. |
| The contribution would be earmarked for a specific purpose. |
| **If to be ear-marked for a specific purpose; please identify the purpose:** |

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| **Please verify status of this entity as a 501(c)3 organization.** |
| Yes No |

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| **The Campbell Wallace Mission is "To support conservation activities, medical research and the arts.” How does your request align with our mission?** |

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| **How did you come to learn of the Campbell-Wallace Foundation?** |

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| **Will a donation benefit services within the State of Oregon or within the Northwest Region of the United States?** |
| Yes No |