



Attn: Joan O'Brien
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Corporate Giving Request Form

*Applications will be accepted during the first month of each calendar quarter
Decisions will be made at the end of each quarter.*

Organization/Group Information Organization/Group Name:

_____ Street Address:
_____ City: _____ State: _____ ZIP: _____ President:
_____ Phone: _____ Email: _____ Contact
person (if different): _____ Phone: _____ Email: _____
Rawlings employee making request (if applicable): _____ Phone ext.: x _____
How many members do you have? _____
How many of these members are current employees of The Rawlings Group? _____ Please describe your purpose,
goals, and/or "mission statement": _____

Project/Activity Information Project/activity name:

_____ Project date (if applicable): _____ Location in which
project/activity will occur: _____ Total cost of
project/activity: \$ _____ Amount requested from Rawlings: \$ _____ Make check
payable to: _____ Category of
request: Education Health & Wellness Human Services Religious Describe the project/activity and how it will benefit
the community: _____

**Additional information may be required in order for us to process your application and grant your request.
All requests must be completed in full and signed in order to be considered.**

Your signature below indicates that you understand that this donation is made on the condition that funds disbursed pursuant to The Rawlings Company Charitable Giving program will be used solely for the purpose described in your request. If these funds are used for any purpose other than that which is described in this application, the donation is revoked and a like amount shall be immediately returned in full. The Rawlings Company reserves the right to terminate, revoke, and/or request the return of funds for the grounds described in this paragraph.

Name Title Date

Signature