



29 South Hwy 69A | Miami, OK 74354

APPLICATION FOR DONATION

DATE: _____

NAME: (Individual/Organization) _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

ARE YOU A SHAWNEE TRIBAL CITIZEN? YES NO

IF YES, YOU MUST ATTACH A COPY OF YOUR SHAWNEE TRIBAL ENROLLMENT CARD

HAVE YOU, OR YOUR ORGANIZATION EVER RECEIVED A DONATION FROM THE SHAWNEE TRIBE?
 YES NO

IF YES, DATE OF MOST RECENT DONATION: _____ AMOUNT: _____

DESCRIBE THE NATURE OF YOUR REQUEST:

SPECIFICALLY, WHAT ARE THE BENEFITS TO PARTICIPATING SHAWNEE CITIZENS?

TOTAL AMOUNT REQUESTED: \$

If funded, Shawnee Tribe should make check payable to: _____

WILL THERE BE THERE PARTNERS PROVIDING SUPPORT? YES NO

TO BE CONSIDERED FOR FUNDING, this form must be completed and submitted to the address listed above. Failure to provide any of the above information will delay consideration of your donation request. Please attach the following items to this form:

- **Copy of Shawnee Tribal Enrollment Card**
- **Information, brochures & other supporting documentation that describes your request in detail**

****FOR OFFICE USE ONLY****

RECOMMENDED AMOUNT: \$ _____ APPROVED AMOUNT: \$ _____ DISAPPROVED

Reviewer's Signature

Date

Approver's Signature

Date