

**Instructions:**

**Print this application and read the additional criteria below. Mail all materials for review to Kid's Charities, 742 West Avenue L, Lancaster CA 93534.**

**Applicant Organization** \_\_\_\_\_ Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Director: \_\_\_\_\_ Email \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Email \_\_\_\_\_

Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_ Fax: \_\_\_\_\_

What is the main funding source for your organization? \_\_\_\_\_

**Does the organization have their final IRS 501C3 determination letter? Y\_\_\_\_N\_\_\_\_**

**If the answer is yes please attach a copy of the letter.**

If organization is other than 501c3 organization please indicate: \_\_\_\_\_

**Additional Criteria**

Please submit a letter addressing the Board of Directors on your organization's letterhead stating your request and why you'd like to become a Kid's Charities recipient. Please limit your letter to one page. Also, please include a copy of your 501c3 status and samples of your brochures or program materials.

Thank you