**Charity Recipient Application**

**Instructions:** Print this application and read the additional criteria below. Mail all material for review to Kid’s Charities, 554 West Lancaster Blvd, Lancaster, CA 93534.

Applicant Organization: Tax ID:

Address:

City: State: Zip Code

Website Address:

Director’s Name: 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 then 501c3 organization please indicate:

**Additional Criteria**

Please submit a letter addressing our 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!