



# Charitable Organization Application

Fill out the application below for a qualifying interview. Once accepted your charitable organization will be setup to receive donations through us.

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Please let us know when the best time is to reach you: \_\_\_\_\_

Organization Name: \_\_\_\_\_

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

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

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

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

Please describe your organizations charitable focus:

Would you like to tell a friend or colleague? Everyone benefits from our team efforts. Tell them about us and ask them to visit [www.ChampionsandHeroes.com](http://www.ChampionsandHeroes.com). or we can send them an email invite. All you have to do is tell us where to send the info.

Friend or Colleague email address: \_\_\_\_\_

*Please fax this form to: 1-888-820-1134. Once we receive your information you will be contacted for a qualification interview with one of our staff members.*