

Soroptimist International of Sequim
Request for Committed Funds Application
FY 2017-18

Please review and update the following:

Legal Name of Your Organization

Mailing Address

Physical Address

Phone Number

E-mail

Website

Contact Person(s)

Tax ID#

Please attach/insert the following:

Mission Statement

%age of Income used for Administration _____

%age benefitting Clallam County residents _____

%age benefitting women & girls _____

Any additional pertinent information:

Please attach your 2016 (or most recent) Annual Report

Name of person providing information: _____

Date: _____