



## Allied World Charity Committee Application for Giving

Name of Applicant or Organization: \_\_\_\_\_

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

Contact person and title: \_\_\_\_\_

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

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

Brief description of organization or need:

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Purpose or mission of organization:

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Goals and objectives of the specific program to be funded:

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Requested Funding \$ \_\_\_\_\_

Funds Requested By: \_\_\_\_\_

AW contact, if applicable: \_\_\_\_\_

Please provide the following information (where applicable):

- Copy of organization's most recently audited financial statement and/or annual report
- Copy of IRS determination letter, indicating 501(c)(3) tax exempt status
- Bermuda Charity Registration Number
- FEIN