

# BAKER GIVING APPLICATION



Organization

Organization Address

Tax ID #

## Contact Person

Contact Name

Phone Number

Email Address

## Request

Funding Amount

Donated Item

Other

Date Needed

What is your organization's purpose?

What will you use the donation amount/item for?

How many people will this donation impact?

Will Baker Construction receive recognition with the gift if granted? (choose one)

- Yes
- No

Does your organization have volunteer opportunities for our employees? (choose one)

- Yes
- No