

PIA COMMUNITY FOUNDATION



PIA Western Alliance Community Foundation Contribution Application

Purpose: The PIA Western Alliance Community Foundation provides a helping hand to groups and organizations for civic, sports, shelters, community beautification projects and other 5013-C programs from PIA members with grass roots ties to the community.

Recognizing that community is the basis of our success, we have placed basic business rivalry, economic competition and politics aside in order to invest much needed resources back into our local communities.

The Organization: The PIA Western Alliance represents independent insurance agents and insurance companies in nine Western states: Alaska, Arizona, California, Idaho, Montana, Nevada, New Mexico, Oregon and Washington. Contributions are distributed to eligible 5013-C non-profit (federally tax-exempt) organizations. For-profit organizations or individuals are not eligible for contributions.

The Foundation: Contribution requests are accepted by the PIA Community Foundation at any time. Decisions on monetary distribution are made by the donation committee.

Funding will support projects solicited by PIA member agents or PIA member companies in good-standing.

CONTRIBUTION APPLICATION FORMAT

The contribution application narrative must include the following:

1. Purpose of funding request
2. Objective(s)
3. Benefit to the community & organization it serves
4. Timeline
5. Other Participating Sponsors/Organizations
6. Proof of non-profit status

The application narrative should be done on a word processor or typed and cannot exceed two pages in length.

Submit completed application with narrative to:

**The PIA Western Alliance Community Foundation
3205 NE 78th Street, Suite 104
Vancouver, WA 98665**

**APPLICATION FOR CONTRIBUTION
THE PIA WESTERN ALLIANCE
COMMUNITY FOUNDATION**

Please Check:

- MEMBER IN GOOD STANDING OF PIA AFFILIATE CHAPTER
 CONTRIBUTOR TO THE PIA WESTERN ALLIANCE COMMUNITY FOUNDATION

PIA MEMBER NAME _____

AFFILIATE CHAPTER (STATE) _____

ADDRESS _____

PHONE () _____

FAX () _____

EMAIL _____

5013-C CHARITY NAME _____

ADDRESS _____

PHONE () _____

FAX () _____

EMAIL _____

AMOUNT REQUESTED, LIST
REASONS FOR REQUEST ON
SEPARATE SHEET

CERTIFICATION

I certify that the information in this application is true and correct. I also certify that the applicant organization does not discriminate in regard to ethnicity, gender, marital status, sexual orientation, political ideology, age, religion, or sensory, mental or physical ability.

SIGNATURE / TITLE

DATE