

## **Katey's Kids Community Relations Request Form**

Date:	(Reques	sts must be submitted at least <u>6 weeks</u> in advance)
Name of Organization:		
Name of Representative/C	ontact Person:	
Address:		
Phone:	Fax:	Email:
Amount Requested:		Date Needed:
Brief Description of Progra	m or Project:	
Brief Description of Organi	zation's Purpose:	
A copy of the orga	on the organization's nization's 501(c)3 sta	_
	Request can be submit	ted to the following address:
Katey s Kids,	Community Relation	s, 7600 N. Palm Ave, Fresno, CA 93711
For Office Use Only:   Amount Approved:	_	Denied
Comments:		

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_