



SIGNAL MOUNTAIN LIONS CHARITY FUNDING REQUEST

FORM C-1-SMLC

1. Name of Organization: _____
2. 501 – C-3 Approved by the IRS: YES _____ NO _____
3. Corporation in the State of Tennessee: YES _____ NO _____
4. Amount of Funding Requested: \$ _____
5. Date needed: _____
6. How does your request relate to the attached funding priorities? (a, b, c, d, e – page 2)
Please attach additional sheets if necessary.

7. This request should be mailed to the Finance Committee Chairman, Signal Mountain Lions Club, P.O. Box 134, Signal Mtn, TN 37377 for funding consideration and received no later than October 1st of each year.
8. Your Contact Information:

Name: _____
Address: _____
Telephone – Office or Cell: _____
Email Address: _____