



**Charitable Donation Application**

1. Legal Name of Organization/Agency:
2. Your Name/Title in Organization:
3. Mailing Address, Phone Number and Email Address:
4. Purpose of your organization and its primary beneficiaries:
5. 501(c) 3 Tax Id number of Organization:
6. Name or title of the Program/Event you are submitting the request:
7. Date of the Event:
8. Number of attendees anticipated at the event:
9. Additional details of the request:
10. How will Genovese Jewelers be recognized?

**11. Please attach a copy of your 501(c) 3 or other Tax Exempt Letter to this form.**

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*This form may be mailed along with your IRS 501(c) 3 and any additional details about your program to:*

Genovese Jewelers Donation Support Board  
PO Box 3916  
Chesterfield, MO 63006  
636-536-4687

**ALL REQUESTS MUST BE MADE VIA MAIL TO THE CHARITY SUPPORT BOARD. STORE OWNERS AND EMPLOYEES DO NOT HAVE THE AUTHORITY TO FULFILL DONATION REQUESTS. ALL REQUESTS ARE VOTED ON AND APPROVED BY AN EXTERNAL CHARITY SUPPORT BOARD.**

*For Office Use Only*

*Date Received:*

*Decision: approved incomplete denied more info other*

*Processed by:*

*Donation item:*

*Notes:*