

Muslim Association of Puget Sound (MAPS) Fundraising Request Form

Please fill out this form, scan, and email to fr@mapsredmond.org along with the required documents as per MAPS fundraising application policy.

Application Request Date: ____/____/____

Organization Name: _____ **Tax Id/ EIN** _____

Address: _____

City _____ **State** ____ **Zip** _____

Telephone No (____) _____ **Fax** _____

Email _____ **Website** _____

About Your Organization _____

How is the organization going to use this fund?

Guest Speaker _____

About the Speaker _____

Organization point of contact _____ **Phone** _____

In case of violation of any of the fundraising policies and procedures, approval granted under this application will be terminated immediately, at the sole discretion of MAPS Board. I have read and accepted Muslim Association of Puget Sound (MAPS) Fund raising policies and procedures listed on the website www.mapsredmond.org

Name of organization representative

Position

Signature