

Martin Insurance Group asks that all organizations requesting financial support from us complete this questionnaire. We ask that your request be submitted at least **one month** in advance for proper consideration. We appreciate you thinking of us and wanting to create a partnership; however, we have a large amount of requests for donations. We fill as many donations as possible. We do not necessarily donate to the same organizations each year to ensure that we spread the generosity throughout the community as much as possible. We will review each request and notify the contact for the donations that we are able to grant. (Please print or type.)

Date of Request:	Person Making	Person Making Request:		
Organization:				
Mailing Address: City: State: Zip:				
Contact Method (phone, fax, e-m	nail, cell):			
 Is this organization a 501- (c3) Is this donation tax deductible Is this organization a member What is the organization's print 	? of United Way?	YES YES YES	NO NO NO	
5. Amount Requested: \$ Funds Needed By (date):				
6. Detailed description of how fu	nds will be used			
7. What percentage of amount re	equested will be used	for progra	ams?	
8. How does this organization or	this event help low-to	o-moderat	te income groups?	
9. Where will the activity take pla	ace?			
10. Will there be advertisement or promotions featuring Martin Insurance Group? YES NO				
Please describe:				
11. Have you contacted other local Insurance providers? YES NO				
12. Is the requesting organization a customer of Martin Insurance Group? YES NO				
If yes, what relationship(s) do you have with us?				
13. Are any employees of Martin Insurance Group involved in the effort? Please list:				
14. Has Martin Insurance Group participated in the past? In what way?				
15. Signature of person making r	equest:			