



Charitable Organization Request for Donation

Please return to:
Chilifest, Inc.
1511 S. Texas Ave., PMB 328
College Station, TX 77840
Fax: 979-695-8291

Organization Name: _____

Address: _____

Business Phone Number: _____

Primary Contact Person: _____

President: _____

Vice President: _____

Treasurer: _____

Other: _____

Organization's Mission Statement:

Please explain in detail how the funds your organization is requesting will be used in the local community. Will your requested funds be used 100% locally?

Has your organization ever received a donation from Chilifest?
