



Name of the Organization:	
Contact Name:	
Contact Email:	
Contact Phone:	
Organization Address:	
City, State, Zip	
NonProfit Tax ID Number:	
Social Media Sites:	
Website Address:	

Please include a digital copy of your logo and 2 or 3 representative photos of your organization for the website to info@columbuscommunityfoundation.org .

1. What is your organization's mission?
2. What is your organization's motto?
3. Provide a description of your organization including services offered, who your organization serves, service area, main events, etc.
4. What will funds raised through Columbusmtgives.org be utilized for in your organization?
5. Share any testimonials or great stories about your organization and how it enhances our community.

Registration fee must accompany this form. \$125 payable to the CCF (Columbus Community Foundation).

*** If you attend the Lunch and Learn, How to Make the Ask Part II (March 29 noon-1:30pm), and your organization is represented by volunteers at the Donor Lounge on May 2, your organization will receive a \$25 credit on registration. You will see that credit returned to you with your MTGives distribution check.