



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

CHILIFEST, INC.

Application for Donation

Organization Name: _____

Address: _____

Business Phone Number: _____

Primary Contact Person: _____

Officers: President: _____

Vice President: _____

Treasurer: _____

Other: _____

1. What is your company's mission statement? _____

2. 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? _____

3. Has your organization ever received a donation from Chilifest, Inc? _____
