



Rocky Mountain Supply Foundation Application

(Please complete all requested information.)

Organization: _____ Date: _____

Contact Individual Name: _____

Address: Street 1: _____

Street 2: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____ Website Address: _____

Type of Organization: _____ Is this a 501(c)(3) organization: Yes No

Tax ID/EIN: _____ Amount Requested from the RMS Foundation: _____

Describe the mission of your organization:

Explain the project/purpose of the requested funds:

Explain the benefits or result of the donation request:

Total cost of project/fund raising goal: \$ _____ Anticipated completion date: _____

Has Rocky Mountain Supply donated to this organization in previous years? Yes No (circle one)

Explain your fundraising efforts:

Will donors be recognized? If so, how?:

*Please attach additional information if necessary.

Signed

Date

Print

Corporate Office

210 Gallatin Farmers Ave. • Belgrade, MT 59714 • (406) 388-4009

www.rmsi.coop