



## Community Giving Request

Please fax completed forms to 860.967.0128 or email to [boxjudge101@yahoo.com](mailto:boxjudge101@yahoo.com)

\_\_\_\_\_ Date

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Contact Name

\_\_\_\_\_ Day Phone

\_\_\_\_\_ Evening Phone

\_\_\_\_\_  
Organization Address

\_\_\_\_\_ Town

\_\_\_\_\_ State

\_\_\_\_\_ Zip

\_\_\_\_\_  
Email

\_\_\_\_\_  
Amount Requested

Please describe your organization:

\_\_\_\_\_

What is the intended use of the funds?

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How does this request further the mission of the Connecticut Boxing Hall of Fame to promote the sport of boxing?

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Are you a federally qualified non-profit 501-C3 corporation?

Yes

No

(Tax I.D. #

Who are the individuals on your board of directors and/or your corporate officers? *(Please include name, phone numbers and e-mail for each person.)*

Name

Phone

E-mail

What internal audits are in place to ensure that the requested funds will be used for their intended purpose?

Are you associated with the Connecticut Boxing Hall of Fame in any way?

Signature

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In order for your request to be considered the Community Giving Request form must be filled out in its entirety. The Connecticut Boxing Hall of Fame reserves the right to ask for any documentation regarding the usage of funds.