



## Vouchers for a Cause Nonprofit Application Form

Thank you for your interest in participating in our **Vouchers for a Cause Program**. This program is designed to support nonprofit organizations through fundraising and community partnership opportunities. Please complete the application below in full. Submission does not guarantee approval.

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### Organization Information

**Organization Name:** \_\_\_\_\_

**Primary Contact Name:** \_\_\_\_\_

**Title/Position:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Website/Social Media:** \_\_\_\_\_

**Organization Address:**

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**Is your organization a registered nonprofit?**

Yes

No

**Tax ID / EIN Number:** \_\_\_\_\_

**Type of Organization:**

Charity

School/Education

Youth Organization

Veterans Organization

Religious Organization

Community Service

Health/Medical

Animal Welfare

Other: \_\_\_\_\_

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### Organization Overview

**Please provide a brief description of your organization and mission:**

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**How long has your organization been established?**

- Less than 1 year
- 1–5 years
- 6–10 years
- 10+ years

**Approximate number of people served annually:**

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### Funding Request & Program Use

**What will funds or voucher proceeds support?**

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**Describe how participation in this program will benefit your organization and community:**

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**Are there specific fundraising goals tied to this request?**

- Yes
- No

If yes, please explain:



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### Community Engagement

**How does your organization promote events or fundraising efforts?**

- |   |   |
|---|---|
| <input type="checkbox"/> Social Media     | <input type="checkbox"/> Community Events |
| <input type="checkbox"/> Email Newsletter | <input type="checkbox"/> Radio/TV         |
| <input type="checkbox"/> Flyers/Posters   | <input type="checkbox"/> Other: _____     |
| <input type="checkbox"/> Website          |   |

**Estimated supporter/member reach:** \_\_\_\_\_

**Have you partnered with us previously?**

- Yes  
 No

If yes, when? \_\_\_\_\_

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### Requested Partnership Timing

**Preferred Quarter:**

- |  |   |
|--|---|
| <input type="checkbox"/> January - March | <input type="checkbox"/> July - September   |
| <input type="checkbox"/> April - June    | <input type="checkbox"/> October - December |

**Are there any important deadlines we should know about?**

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### Additional Information

**Please share anything else you would like us to know about your organization or request:**

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### Required Attachments

Please include the following with your application:

- Proof of nonprofit status (501(c)(3) letter or equivalent)
  - Organization logo (if applicable)
  - Event flyer or supporting materials (if applicable)
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### Agreement & Signature

By submitting this application, I certify that the information provided is accurate and complete to the best of my knowledge.

**Authorized Representative Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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Please submit completed form to [marketingteam@redmile.biz](mailto:marketingteam@redmile.biz). We will get back with you as soon as possible, and appreciate your interest in Vouchers for a Cause!