



Charitable Fund Request Policy

OUR MISSION:

We are committed to provide financial support for families stricken by serious illness or injury, by raising money within the community so that we all can make a difference. Together we will work to help those individuals and their loved ones who are entrenched in the battle of all battles.

GENERAL GUIDELINES:

Requests must be made at least 8 weeks in advance of an event date. All charitable requests must be made in writing on company letterhead (if applicable) and include this completed HHFFF Charitable Fund Request Form. All Request Forms can be mailed or faxed to:

Helping Hearts 4 Friends Foundation
P.O. Box 23
Yorba Linda, CA 92885-0023
Fax: (email)

Whenever possible, we deposit funds directly to the beneficiary's creditors. This is to ensure that donated funds are monitored in compliance with the Internal Revenue Service requirements for 501(c)(3) charities.

EXCLUSIONS:

At this time, we review requests from the general population. However, due to high volume and limited resources, not all requests will be accepted.

CHARITABLE EVENT GUIDELINES:

If requesting an event, please include all information in the "Event" section. All Charitable Events managed by Helping Hearts 4 Friends Foundation are exclusively managed by our organization and staff members. Volunteers are welcome on an as needed basis and must be approved by the HHFFF Board of Directors prior to proposed event.

DONATION ONLY REQUESTS:

Individual donation requests are welcome. Complete this form (excluding "Event" section) if a donation request is your only desire at this time. However, please understand we rely mostly on sponsored fund raising events to support our donation requests.

DONATION REQUEST FORM

Please fill out the following information below and fax or mail at least **8 weeks in advance** of your proposed event date.

SECTION I: Beneficiary Information

Requesting Beneficiary/Organization: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Please provide description/mission of proposed donation request. Include description of Beneficiary(ies) mental and physical condition; Family's financial status due to these circumstances, etc. (If applicable, please attach a separate sheet of paper for this section)*:

*Please note, we may request additional information or clarification from you before making our final decision.

Is this donation request in association with a particular event? YES* / NO

* If yes, please proceed to Section IV.

Is this donation request in association with a proposed HHFFF event? YES / NO

* If yes, please indicate which HHFFF event is proposed:

SECTION IV: Description of Event

Name of Event: _____

Date: _____

Time: _____

Location: _____

of People Attending: _____

Event Purpose-Beneficiary(ies):

- _____
- _____
- _____
- _____

Target (\$) Amount to be raised: \$_____

How will sponsors be utilized/promoted at event?: _____

Logos needed/provided (include format): YES / NO (circle one)

Printed materials proposed/provided: YES / NO (circle one)

SECTION V: Donation Details

What is your donation request?: \$_____

How will this donation be used?: _____

What is your desired timeline for receiving this donation item?: _____

SECTION VI: GENERAL COMMENTS

Please provide us with additional comments, directions or details we may need to know regarding this request:

I, _____, hereby attest that, to the best of my knowledge, the information contain herein is true and correct.

SIGNATURE

DATE

FOR OFFICE USE ONLY: APPROVED REJECTED

NEED MORE INFORMATION:

SIGNATURE: _____ DATE: _____