



CHANGE FOR CHARITY APPLICATION

Organization Name: _____

Primary Contact Name: _____

Address: _____

City, State, Zip Code: _____ Phone: _____

E-Mail Address: _____ Cell: _____

Website: _____ Fax: _____

Please answer the following: (use additional paper if necessary and include any brochures/literature)

What is the organization's primary source of funding? _____

What is the number of beneficiaries served? _____

In which area do the majority of beneficiaries reside? _____

501(c)(3) status? (documentation is required with application) _____

Describe the mission or purpose of the organization: _____

Describe the charity's programs and service and how the mission and goals are implemented: _____

Send application to:

La Palmera - Management Office
5488 South Padre Island Drive
Corpus Christi, TX 78411
(361) 991-3755 office
(361) 993-5631 fax

kwechsler@trademarkproperty.com

For Office Use Only

Date Received: _____ Approval: _____
Criteria Fulfilled: _____ Signature: _____