



Pet Night With the Easter Bunny

Organization Name: _____

Primary Contact Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Email Address: _____ Cell: _____

Website: _____ Fax: _____

Please answer the following: (Please use additional paper if necessary and include any brochure/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 the 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
kaguilar@trademarkproperty.com

For Office Use Only

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