



Allied World Charity Committee Application for Giving

Name of Applicant or Organization: _____

Address: _____

Contact person and title: _____

Phone: _____

Email: _____

Brief description of organization or need:

Purpose or mission of organization:

Goals and objectives of the specific program to be funded:

Requested Funding \$ _____

Funds Requested By: _____

AW contact, if applicable: _____

Please provide the following information (where applicable):

- Copy of organization's most recently audited financial statement and/or annual report
- Copy of IRS determination letter, indicating 501(c)(3) tax exempt status
- Bermuda Charity Registration Number
- FEIN