

CHARITABLE DONATION REQUEST

TO THE SEBA BOARD OF DIRECTORS

From: _____ Date: _____

Daytime Phone Number: (____) _____ Other Phone: (____) _____

Organization Name: _____

Organization Type: _____

Tax ID Number: _____ 501(c)3? Yes _____ No _____

Is this entity part of a group or affiliated with a larger organization? Yes _____ No _____

Amount Requested: _____

Purpose of Donation: _____

Make payable to: _____

Mail to: _____

**Mail SIGNED Request Form and
any supporting documentation to:**

SEBA

ATTN: President

735 E. Carnegie Dr., Ste. 125

San Bernardino, CA 92408

Or Fax to:

(909)383-6600

Or Email to:

emonsalve@seba.biz

***A SEBA member in good standing must submit
donation request.***

Submitting Member Name: _____ Employee # _____

Submitting Member Signature: _____

Duty Station: _____

**Requests must be submitted by the 20th of the month for consideration at the
next Board of Directors Meeting.**

Board Meetings are generally held the first Wednesday of every month. The Executive Board of Directors will screen all donation requests prior to the Board Meeting. A request must receive three out of four votes from the Executive Board in order to be placed on the agenda. Requests to sponsor children's athletic teams, if approved, will be remitted to the league entity, not the individual team. Requests to support member athletic activities will not be eligible under this policy.

Executive Board: Approved: _____ Denied: _____ Date: _____ Amount: \$ _____