



**PALA BAND OF
MISSION INDIANS**

PMB 50, 35008 Pala Temecula Road
Pala, CA 92059
Phone 760-891-3500 | Fax 760-891-3551

**PALA GIVING PROGRAM
Request Form**

ORGANIZATION INFORMATION:

| | | | |
|------------------------|-------|--------------------------------|----------|
| Today's Date: | _____ | Phone Number: | _____ |
| Organization Name: | _____ | Fax: | _____ |
| Organization Category: | _____ | Website: | _____ |
| | _____ | Is the organization a 501(c)3? | _____ |
| Mailing Address: | _____ | (Circle one) | Yes / No |
| Contact: | _____ | Tax ID: | _____ |
| Email: | _____ | W-9 attached? (Required) | Yes / No |

EVENT INFORMATION:

| | | | |
|---|-------|---|-------|
| Event Date(s): | _____ | Amount/Items Requested: | _____ |
| Location: | _____ | Number of Attendees: | _____ |
| Event Title: (If none, write "General Assistance") | _____ | Participation: (Tickets, speaking opportunity, etc.) | _____ |
| Event Category: | _____ | Exposure for Pala: (Ads, signage, web, etc.) | _____ |

ADDITIONAL COMMENTS:

Please provide a summary description of the request:

MUST PROVIDE ALL SUPPORTING DOCUMENTS AND OR RECEIPTS BEFORE THE REQUEST WILL BE CONSIDERED