



**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?  
(Circle one) \_\_\_\_\_ Yes / No

Mailing Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Tax ID: \_\_\_\_\_

Email: \_\_\_\_\_ W-9 attached?  
(Required) \_\_\_\_\_ Yes / No

**EVENT INFORMATION:**

Event Date(s): \_\_\_\_\_ Amount/Items Requested: \_\_\_\_\_

Location: \_\_\_\_\_ Number of Attendees: \_\_\_\_\_

Event Title: \_\_\_\_\_ Participation: \_\_\_\_\_

(If none, write "General Assistance") \_\_\_\_\_ Exposure for Pala: \_\_\_\_\_

Event Category: \_\_\_\_\_ (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**