



**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**

**INDIVIDUAL INFORMATION:**

Today's Date:	_____	Phone Number:	_____
Name:	_____	Fax:	_____
On behalf of:	_____		_____
Mailing Address:	_____	Pala Tribal ID # (if applicable):	_____
Email:	_____	W-9 attached? (Required)	Yes / No

**EVENT INFORMATION:**

Event Date(s):	_____	Amount/Items Requested:	_____
Event Title:	_____	Location:	_____

**ADDITIONAL COMMENTS:**

**MUST PROVIDE SUPPORTING PAID RECEIPTS AND DOCUMENTS BEFORE THE REQUEST WILL BE CONSIDERED**

**Individual(s) request checklist:**

- Pala Giving Program Request Form
- W-9 from Individual(s).
- Formal request letter (Description of the request and intended use of the contribution).
- Relevant paid receipts, invoices, or documentation that support the request for contributions.