

# Brian Parker Memorial Foundation Request for Funds Form



2469 Lone Elm  
Niles, Michigan 49120



Persons requesting funds for an individual: **The Brian Parker Foundation** will fund individual requests regardless of race or creed, however, the need must be specific and receipts for money spent must be received by the foundation.

Persons requesting funds for a 501c Organization: Organizations with tax exempt status may request funds for the general good of the cause, that is, cancer education and cancer research.

Person or Organization Requesting Funds: \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_  
Zip Code \_\_\_\_\_ Telephone number \_\_\_\_\_  
Sex \_\_\_\_\_ Present Age \_\_\_\_\_ Birth date \_\_\_\_\_  
E-mail address \_\_\_\_\_

From what other agencies, insurance or organization has help been requested?

\_\_\_\_\_  
\_\_\_\_\_

What assistance has been received? \_\_\_\_\_

\_\_\_\_\_

What help is requested from the **Brian Parker Foundation**? (Please be as specific as possible.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: All information is kept confidential**

Date Received _____	Date Funds Disbursed _____
Disposition of Request _____	Check Number _____
Resolution _____	Date _____