



**“Are not five sparrows sold for two pennies?
And not one of them is forgotten before GOD”
Luke 12:6**

APPLICATION FOR RECEIPT OF CHARITABLE DONATION

Please send the completed form as an email attachment to info@onesparrow.org,
or send it in the mail to:
1104 Grant Avenue, Loveland, CO 80537

Name:

Date: MM/DD/YYYY

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Name of donation recipient if other than applicant:

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Relationship to Applicant:

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Birth date of recipient: MM/DD/YYYY

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Email:

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Phone:

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Address:

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City:

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State:

Zip Code:

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Please submit a one page essay describing the situation surrounding your need and why you feel One Sparrow should contribute to your need. Also include how you feel this contribution could positively affect you in the future. If you are writing for a child then include how you can contribute to this child's character as they grow.

With this application, please include the last 2 years income tax returns. If not available, please explain. Please provide 2 personal references that are not immediate family.

I verify all information is true and accurate. One Sparrow reviews all applications with board members each month. You will be informed of the decision made in regards to your application via first class mail and email. I understand these terms'

Print Name:

Date: MM/DD/YYYY

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Signature:

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