

Earthly Angels Autism Fund Grant Form

Non-Profit Organization: _____ Date: _____

Requester Name: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Project Name: _____

Dollar Amount Requested: \$ _____ EIN# _____

Reason for funds: _____

Non-Profit Organization Authorized Signature:

Print Name: _____

Title: _____

Signature of Printed Name: _____

Mail to:

EAAF
32 Huckleberry Lane
Duryea, PA 18642

