

## **CHANGE FOR CHARITY APPLICATION 2020**

CONTACT INFORMATION			
Organization Name:			
Contact Person:			
Address:			
City:	Zip		Phone
Email:			Cell Phone
Organization Website:			
PLEASE SUPPLY THE FOLLOWING INFORMATION USING ADDITIONAL PAPER AS NEEDED AND INCLUDE BROCHURES, LITERATURE, LIST OF BOARD OF DIRECTORS, AND ANY OTHER DOCUMENTATION YOU FEEL WOULD BE HELPUFL.			
Organizations primary source of funding:			
Number of beneficiaries served?			
In which area do the majority of beneficiaries reside?			
501(c)(3) Status? (Documentation is required with this application)			
DESCRIBE THE MISSION OR PURPOSE OF THE ORGANIZATION			
DESCRIBE THE CHARITY'S PROGRAMS AND SERVICES AND HOW THE MISSION AND GOALS ARE IMPLEMENTED.			
FOR OFFICE USE ONLY			
Date Received			
Criteria Fulfilled		Quarter:	
Approval		Signature	
APPLICANTS CONSIDERED FOR 2020 MUST HAVE THE COMPLETED APPLICATION WITH REQUIRED			

Applications may be dropped off at the Market Street Concierge Desk or mailed to:

Market Street – Change For Charity Program

9595 Six Pines Drive, Suite 6290

The Woodlands, TX 77380

281-419-4774

OF THE STATUS OF THE APPLICATION.

ngonzalez@trademarkproperty.com