

Challenge To Make A Difference



Name of Organization	EIN/Tax ID#	501(c)(3) Status (since)
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Mailing Address	City	State	Zip
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Telephone Number	Website	Contact Email
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Name of Contact	Title or Relationship to Organization
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Has organization received support from Challenger? _____ When? _____ Amount? _____

Program or Event Name

Purpose of Support

How will the funds raised for the program be used?

How will Challenger donation assist your program?

Area/Community the program will serve	Estimated number of people served	Date of event
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Signature of Applicant

Date

By signing this form, I verify that I am an authorized agent of the requiring nonprofit and this organization qualifies for 501 c 3 tax-deductible contributions as defined by the Internal Revenue Service and is in full compliance with the USA Patriot Act.

Please email form to charity@challengerdrilling.com with the required documentation