



Marketing/Public Relations
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 www.SoCen.com



Project Name:	Project Date:
Project Benefits to the Community	
What will the Funds raised be used for?	Project \$ Goal
Project Budget	
Contact Information	
Name of Person/Organization Requesting Donation	Phone Number
Mailing Address	Email Address
Signature	Date
FOR OFFICE USE ONLY. DO NOT WRITE BELOW THIS LINE.	
PROJECT APPROVED:	AMOUNT:
APPROVED BY:	DATE: