



***City of Milpitas
Veterans Commission Donation Program***

Application Cover Page

Organization Name: _____

Contact Person Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Project Title: _____

Donation Goal(s) Met (Check all that apply):

Quality of Life *Service/Education Outreach* *Events/Activities*

Donation Request Amount: \$ _____ Organization Annual Budget: \$ _____

Project/Program Location: _____

The undersigned hereby certified that she/he:

- 1. Is the applying artist or a principal officer of the applying organization with the authority to obligate it.**
- 2. Information in this application and its attachments is true and correct to the best of his/her knowledge.**

Principal Officer Signature

Name (print)

Date