From its early roots as a motorsport club, the Maverick Region broadened its scope include donations to the following life-changing non-profit organizations: American Heart Association, Huffaker-Hughes Hope House, National Breast Cancer Foundation, North Texas Food Bank, Patriot Paws, and Wipe Out Kids Cancer. Not funded in perpetuity, these programs will be included in the annual budget and approved by the Executive Board. Funds not otherwise committed will be available for donation requests up to $500 from sponsors or members according to the following guidelines.

# DONATION REQUEST PROCEDURES

## PROCEDURES

1. Individuals or organizations wishing monetary contributions from the Club must submit all requests using the ***Donation Request Form***.
2. The Executive Board of Directors will review and evaluate donation requests.
3. Based on evaluation of the request, budget and current financial position of the Club, the Executive Board will make a decision on whether to approve the donation request.
4. If the request is approved, the Club will issue a check in the amount approved by the club to be used for the purposes stated in the application. If not approved, the requestor will be notified.
5. If a donation is awarded, it is expected that a representative from the organization will formally accept the donation via email or letter.

## QUALIFICATIONS

The following will be considered when evaluating the merits and amount of any contribution:

Non-profits may request contributions for the following:

1. For local educational or community service programs
2. Veracity of the request
3. Active members or sponsors
4. Non-profit rating

Contributions will ***not*** be made to the following:

1. Governments
2. Political Organizations
3. Non-profit fundraising efforts
4. Purchasing tickets to attend events

 **EVALUATION**

Donation requests will be evaluated based on the following criteria:

1. How well does the request align with the Club’s objectives?
2. Will the funds benefit the local community?
3. How many people will benefit from the use of the funds?
4. Does the organization match up with PCA’s ‘Members Making a Difference’ theme. <https://www.pca.org/members-making-a-difference>
5. Independent charity rating

# DONATION REQUEST FORM

Applications shall be considered as they are received. All approved requests will be paid by check. Please fill out this form **completely** and submitted using the link below. If awarded, any donation should be considered a one-time gift and should not be anticipated on a continuous basis.

Date: \_\_\_\_\_\_\_\_\_\_ Amount requested: \_\_\_\_\_\_\_\_\_\_ Date funds needed: \_\_\_\_\_\_\_\_\_\_

Name of Organization to be funded:\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Make Checks Payable to*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_

Name of Sponsor or Member requesting donation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is this a 501(c)(3) non-profit organization? \_\_\_\_ YES \_\_\_\_ NO

Has the Maverick Region contributed to this organization before? \_\_\_\_ YES \_\_\_\_ NO

*If yes, please provide date & amount*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a brief description of how the funds will be used and who will benefit:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please provide a brief description of the Organization’s primary mission:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Title of Requestor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Twitter account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facebook account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_