



Community Giving Program

SUPPORT APPLICATION FORM

APPLICANT INFORMATION

Organization or Facility Name:

Applicant's Name:

Title/Department:

Mailing Address:

City / State / Zip:

Phone / E-mail:

PROGRAM INFORMATION

Application Date:

Date(s) of Activity:

Title of Activity:

Location of Activity:

Target Audience:

Expected Number of Participants:

Total Request: \$

Please give a detailed description of how Geneva can best support the program/activity:

Do you currently work with Geneva on other programs or projects? If yes, please describe:



ACTIVITY DETAILS

Please attach the following to your application.

- Brief activity description
- Activity goals and/or objectives
- Activity correlation to Geneva's mission to advance military medicine
- Agenda
- Detailed budget
- Please indicate if this is an annual event
- Please state how Geneva will be recognized at your event (i.e. recognition in program, signage, Geneva promotional opportunities, etc.)

I certify that this application has been submitted independently of The Geneva Foundation's influence and the support recipient has full responsibility of selecting content and logistical elements of the activity.

I certify that if support is received from Geneva, it will not be utilized for alcohol or entertainment purposes.

I certify that Geneva holds the right to market the activity and Geneva's involvement on Geneva's social media accounts and website.

Acknowledgement Signature: _____ Date: _____

Please return this form and all supporting documents to:

Community Giving Program
The Geneva Foundation
917 Pacific Ave, Suite 600
Tacoma, WA 98402
CGPC@genevaUSA.org