



Application for donation from Banyan Cay Cares

Date: _____

Date Requested Grant is needed: _____

Requested Amount Grant: _____

Are you a non-profit organization: YES NO

Organization Name: _____

Organizations Tax ID #: _____

Organization Address: _____

Organization City, State, Zip: _____

Organization Website: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

Beneficiary of Grant: _____

Use of Grant: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

ORGANIZATION: About your organization and the organization's core values.

Past fundraising accomplishments:

How your organization is helping the community.

BUDGET How will the Grant be allocated? Provide a detailed budget.

All Grant requests must be submitted to:

Banyan Cay Cares
ATTN: Grant Division
2302 Presidential Way
West Palm Beach, FL 33401
contact@banyancaycares.org

banyancaycares.org

2302 Presidential Way
West Palm Beach, FL 33401

561.577.5840