## iWealth Charitable Donation Application

Name (Please type or print)	Name of Organization (if applicable)
Address	
City State Zip	Phone
Brief summary of your donation request	:
	lonations based on the criteria laid out in our Charitable
Donation Guide as well as those funds a	available at the time or the request.
Signature	Date:
If Non-Profit:	
Nonprofit organization name	Federal Tax ID
Nonpront organization marite	redetal tax ib
Address	
City/State/7ID	
City/State/ZIP	
Telephone number ( )	
Person completing form (please print)	
Title Date completed	
Signature Date:	

Please return this completed form to: Shawn Pomeroy, iWealth 213 15<sup>th</sup> Ave NE, Waseca MN 56093