



Nonprofit Verification Form

Please complete this form on behalf of your nonprofit organization and submit to info@hendrickscountycf.org.

Legal Name of Nonprofit: _____

DBA: _____

Address: _____

City, State: _____ **Zip:** _____

Contact Person: _____ **Title:** _____

Email: _____ **Phone:** _____

Organization Website: _____

IRS Determination: 501(c) _____

Employer Identification Number (EIN): _____

Select the program area that your organization primarily focuses on:

- | | |
|-----------------------|----------------|
| Arts and Culture | Human Services |
| Animal Welfare | Parks |
| Community Enhancement | Recreation |
| Education | Youth |
| Health | Other: _____ |

Select the organization type that best describes your organization:

- | | |
|-------------------------|-------------------|
| Church | Government agency |
| Direct service provider | Service club |
| Foundation | Other: _____ |

Are you a faith-based organization?

Yes _____ No _____

Where can HCCF find your organization on social media?

Facebook: _____

Instagram: _____

SnapChat: _____

Twitter: _____

Other: _____