



REQUEST FOR PHILANTHROPIC GRANT

Please answer all questions and send to one of the addresses below

Agency Name: _____ Tax ID# _____

Address: _____

Phone #: _____ Email Address: _____

Name of Executive Director: _____

Are you a non-profit 501 (c) (3) organization? _____

If not, supply charitable category identification: _____

How long has your organization been established? _____

If the contact making the request is not the Executive Director, please provide:

Name: _____ Title: _____

Email address: _____ Phone# _____

What percentage of your yearly income is administrative overhead? _____

How many people received your service in 2025?

What areas and counties do you serve? _____

Are any limitations placed on who can receive your services? Yes _____ No _____ If yes, explain:

Explain the objectives of your organization:

Dollar amount requested: \$ _____ Have you received a grant before from MWC? _____

If request approved, how would the donation from Mansfield Women's Club be used?

Return completed form to: Karen Larsen, 2908 Rocky Creek Drive, Mansfield, TX 76063 or by email Larsentexas@yahoo.com

GRANT REQUESTS MUST BE RECEIVED no later than April 1, 2026

MWC Liaison: Karen Larsen @ larsentexas@yahoo.com

Date Approved by MWC Philanthropic Committee: _____ Amount Approved: \$ _____
