



Submit forms to: P.O. Box 778, Springfield, OH 45501

2016 APPLICATION FOR REQUEST

Patti's Random Acts of Kindness Fund

Requesting Person's Name: _____

Requesting Person's Organization (if applicable): _____

Requesting Person's E-mail Address: _____

Requesting Person's Contact Phone(S): _____ (Home or Work)
_____ (Cell)

Name of Person or Organization in Need: _____

Relationship to Requesting Person: _____

☐ Check here if requesting person is also person/organization in need.

Address of Person/Organization in need: _____

E-MAIL address of Person/Organization in need: _____

Phone of Person/Organization in need: _____

☐ Check here if Person or Organization in need is a non-profit 501c3 organization.

If Yes, please list your Tax ID Number: _____

REQUEST: _____

TOTAL REQUEST AMOUNT:\$ _____

Reason for request: _____

Above Parties understand that Patti's Random Acts of Kindness reserves the right to grant or deny an organization's application or participation at any time, for any reason, and to supplement or amend the request at any time without notice. Selections are made at Patti's Random Acts of Kindness's sole discretion and are not subject to external review.

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If a donation is made to above party, Recipients and Requester hereby releases and discharges Patti's Random Acts of Kindness, Its Officers, Directors, and Staff from any liability or responsibility for any injury, and for any damage to or loss of property, however caused, that it may suffer as a result of or in connection with the donation, including, without being limited to, injury, loss, or damage that may result from or arise out of or in connection with the donation. Furthermore, Recipient shall indemnify Patti's Random Acts of Kindness and hold it safe and harmless from and against any and all liability, claims, causes of action, and costs of whatsoever kind and nature including, without being limited to injury, damage, loss including death, resulting from, arising out of, or occurring in connection with a donation if made.

