



ABC Charitable Fund Request Form

Date of Application _____

Name of Requestor or Organization _____

Contact Name _____

Day Phone _____ Cell phone _____

Email address _____

Mailing Address _____

City _____ State _____ Zip _____

Amount Requested: \$500 \$1000 1000+ * Please note, the higher the amount, the greater need for documentation needed. Hospital bills, past due notes, or other indebtedness proof is requested.

Please describe your involvement with Combative Sports _____

What is the intended use of the Funds? _____

Can you attach documents in support of the request? Yes No Social Security or TIN# _____

If an Organization, please attach your federally-issued tax-exempt status letter and provide the names of the members of your Board of Directors _____

- Note: to qualify, a combative sports fighter must not have been active for the past 12 months and all applications must be received by June 30.