BONECUTTER

The Bonecutter Family Trust
Charitable Giving

Name of Organization (PLEASE PRINT LEGIBLY)

_____

Organization Mailing Address:

(Street or PO Box) _____

(City & zip code) _____

501(c)(3) number—(If applicable)

_____

Contact person's name: Contact person's phone number:

_____ _____

Contact person's email:

_____

Short Description of Desired Use of Funds: (Use reverse side to add additional information if needed)

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Mail completed form to:

Bonecutter Giving
6200 State Route 95
Mount Gilead, Ohio 43338

Or via Email to: info@bonecutter.net