



Millennium RESTAURANTS GIVE

Organization Name: _____

Date: _____

Contact Name: _____ Contact Email: _____

Contact Number: _____

Address of Organization: _____ State: _____ Zip Code: _____

How did you hear about "Millennium Connects"? _____

Background, Mission, And Intentions:

When was your organization founded? _____ Where? _____

What is the mission of your organization?

What community goals do you have in place to support your mission over the next 12 months?

Community, Connecting, Caring



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Organization Name Continued:

Date:

Please explain how your fundraising dollars are used within Kalamazoo or surrounding counties?

What would be your plan to assist in promoting and advertising to the community if you are selected as one of the "Millennium Connects" organizations?

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Millennium RESTAURANTS GIVE

Organization Name Continued:

Date:

Provide any additional information you feel is essential for us to know about your organization that will assist us in the selection process.

[Large empty light blue rectangular area for providing additional information.]

Proof of your 501C3 is required with application submission.

Community, Connecting, Caring

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MillenniumRestaurants.com