

Our Mission: Making a difference by actively supporting causes impacting the health and wellness of those in our community.

Donation Request

Date of Request: _____

Organization Name: _____

Organization URL: _____

Address: _____

City: _____ State: _____ Zip: _____

GG&G Contact Name: _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Date of Event: _____

Due Date of Donation (if applicable): _____

Has GG&G participated in this event in the past? (Check) Yes No

Amount of Request (If Applicable): _____

Name and Description of Event or Activity:

Why is this event or activity important to you?

Anticipated Number of Participants: _____

The Gray, Gray & Gray Charitable Foundation will review all requests submitted. Please keep in mind that resources are limited, the preference is to support causes that are aligned with our mission, and a large percentage of the donation benefits the charity. Therefore, please provide any other details about the organization and/or donation that would help the Foundation to assess this request:

Please feel free to attach any supporting information about the organization and/or donation. Once completed, please submit via email to charity@gggcpas.com or [click here](#).