

Donation Request Application

Built on trust.

Date: _____, 20__

What is the name of the organization making this request?

President, Chair or Coach _____, Ph: _____, Cell: _____

Your name and the nature of your relationship to Cornerstone Insurance

Do you or the recipient currently have an insurance policy with Cornerstone Insurance? Yes _____

No _____

Please list the names of policy holders _____

Please state the reason for this request _____

Are you requesting, Time _____, Treasure _____ or Talent _____?

Please give us a little history to help us make our decision: _____

Please list the benefits to Cornerstone Insurance in participating in this request:

Please enter any comments or special circumstances _____

Have we supported request similar to this before? Yes _____ No _____

Details: _____

By what date is an answer required? _____, 20__

X _____

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