

Charity Application Form

Please complete the following form by computer or by hand in order to be able to accept OJC certificates, OJC charity cards transactions or Nadven certificates. Sign and submit by email or fax.

Name: _____

TaxID: _____

Physical address _____
(P.O. box not acceptable)

Mailing Address: _____

Office phone #: _____ Email: _____

Contact Name: _____ Cell #: _____

Check off the category / categories which best define the cause of your organization for the purpose of the donors categorizing their donations.

- | | | | |
|---|------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Educational | <input type="checkbox"/> Community | <input type="checkbox"/> Congregations | <input type="checkbox"/> Religious |
| <input type="checkbox"/> Human Services | <input type="checkbox"/> Health | <input type="checkbox"/> Philanthropy / Charity | <input type="checkbox"/> Others _____ |

Please check one of the following options.

- I would like to receive checks by mail
- I would like to receive the funds via ACH
There will be a \$2 fee per transaction via ACH.

If you choose the ACH option, please provide the following information:

Bank Name: _____ Account Name: _____

Routing Number: _____ Account Number: _____

In order to be able to transfer funds via ACH, we need a verification document.
Please provide a voided check.

By submitting this signed form, I hereby certify that the information provided in this form is correct and accurate, and I will contact The OJC Fund should information or circumstances provided on this form change.

By submitting this signed form, I hereby indicate my acceptance of the rules and procedures governing The OJC Fund's "DAF Program," and confirms that no donor, donor's family or any related party will receive any goods, services or other benefits in return or in consideration of any grant from The OJC Fund.

Name Signature Date