



OCEAN BEACH WOMAN'S CLUB

REQUEST FOR FUNDS

To be completed by nominee and returned to sponsoring OBWC member

Name of organization: _____

Address: _____

Name of contact: _____ Phone: _____

Email address/website: _____

Purpose of this organization: _____

Population that this organization serves: _____

Average ages of clients: _____ Average number of clients _____

Types of services/experiences being provided to those assisted by this organization _____

Types of needs being served (ex. physical, psychological, emotional, educational, recreational, vocational, enrichment, others): _____

How is this organization being supported financially? (state, federal, insurance, private donation, etc.):

Tax ID # 47-4627988

Mailing Address: Post Office Box 7633 San Diego, CA 92167

Clubhouse Address: 2160 Bacon St. San Diego, CA 92107

619-222-1008 • www.oceanbeachwomansclub.org

Working for our Community since 1924

Source of donations (United Way, Individual contributions, Organizations, etc.)

Is there a fee for services?: _____

What are the organization's needs?: _____
