



THE HEISER FOUNDATION

GRANT REQUEST FOR AID

GRANT REQUEST TO ASSIST IN FUNDING OF REQUESTS

THAT DIRECTLY REFLECT

THE HEISER FOUNDATION MISSION STATEMENT

(go to theheiserfoundation.org to view the Mission Statement)

Date: _____ AMOUNT REQUESTED: \$ _____

ELIGIBILITY:

Compliance with the Mission Statement of The Heiser Foundation. Please explain with a short (300 to 500 word) concise written description of event(s) that qualify under the Mission Statement. Please include all parties that will benefit from this grant. Feel free to add an additional page if necessary.

Grants will be awarded on a priority basis at the discretion of the Foundation Directors quarterly.

Last Name: _____ First Name: _____

Organization Name (If Applicable): _____

Non-Profit Tax ID Number (If Applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (____) ____ - _____ Email: _____

Mail your Grant Request form to: The Heiser Foundation
10 Beach Street
St. Augustine , FL 32080

Or email to: theheiserfoundation66@gmail.com