



**PALA BAND OF MISSION INDIANS**

PMB 50, 35008 Pala Temecula Road  
Pala, CA 92059  
Phone 760-891-3500 | Fax 760-742-1411

**PALA GIVING PROGRAM  
Request Form**

**INDIVIDUAL INFORMATION:**

|                  |       |   |          |
|------------------|-------|---|----------|
| Today's Date:    | _____ | Phone Number:                                     | _____    |
| Name:            | _____ | Fax:  | _____    |
| On behalf of:    | _____ | Website:  | _____    |
| Mailing Address: | _____ | Is the organization a<br>501(c)3?<br>(Circle one) | Yes / No |
| Email:           | _____ | Tax ID:<br>W-9 attached?<br>(Required)            | Yes / No |

**EVENT INFORMATION:**

|                |       |                            |       |
|----------------|-------|----------------------------|-------|
| Event Date(s): | _____ | Amount/Items<br>Requested: | _____ |
| Event Title:   | _____ | Location:                  | _____ |

**ADDITIONAL COMMENTS:**

Please provide a summary description of the request:

**MUST PROVIDE SUPPORTING DOCUMENTS AND OR RECEIPTS BEFORE THE REQUEST WILL BE CONSIDERED**

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