



SUBMIT ALL APPLICATIONS TO:
Osage Nation Constituent Services Office
 621 Grandview
 Pawhuska, OK 74056
 Fax: (918)287-5221 or (918)691-5221
 Phone Number: (918)287-5662

DONATION APPLICATION

SECTION 1: INFORMATION

ORGANIZATION NAME _____ CONTACT NAME _____

MAILING ADDRESS _____ CITY _____ STATE _____ ZIP _____ TELEPHONE NUMBER _____

OSAGE TRIBAL MEMBER (CHECK ONE)? YES NO IF YES, ATTACH A COPY OF *MEMBERSHIP CARD *

HAVE YOU OR YOUR ORGANIZATION EVER RECEIVED A DONATION FROM THE OSAGE NATION (CHECK ONE)? YES NO IF YES, DATE OF THE MOST RECENT DONATION _____ AND AMOUNT _____

SECTION 2: DESCRIPTION OF REQUEST

HOW WILL THE DONATION BE USED (PLEASE BE SPECIFIC AND ATTACH ANY SUPPORTING DOCUMENTATION)? _____

AMOUNT REQUESTED \$ _____

HOW MANY OSAGE TRIBAL MEMBERS WILL BENEFIT FROM THIS REQUEST (attach membership cards)? _____

IS THIS A ONE-TIME REQUEST (CHECK ONE)? YES NO IF NO, HOW WILL THIS EVENT/ACTIVITY BE SUSTAINED IN THE FUTURE? _____

FOR DONATION COMMITTEE USE ONLY

COMMITTEE MEETING DATE	APPROVED OR DENIED	AMOUNT	CHECK NUMBER	DATE PROCESSED	DATE NOTIFICATION SENT	RECEIVED DATE STAMP
NOTES						