



Charity Gift Wrapping Application

Organization Name: _____

Primary Contact Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Email Address: _____ Cell: _____

Website: _____ Fax: _____

Please answer the following: (Please use additional paper if necessary and include any brochure/literature)

What is the organization's primary source of funding? _____

What is the number of beneficiaries served? _____

In which area do the majority of beneficiaries reside? _____

501 (c)(3) status? (documentation is required with the application) _____

Which holidays are you interested in providing Gift Wrapping? (include year) _____

Describe the mission or purpose of the organization.

Describe the charity's programs and service and how the mission and goals are implemented.

Applicants considered for 2010 must submit this application by October 30, 2010.

Send application to:

La Palmera- Management Office
5488 South Padre Island Drive
Corpus Christi, TX 78411
(361) 991-3755 office
(361) 993-5631 fax
lpmarketing@trademarkproperty.com

For Office Use Only

| | |
|----------------------|---------------------------|
| Date Received: _____ | Criteria Fulfilled: _____ |
| Holiday: _____ | Year: _____ |
| Approval: _____ | Signature: _____ |