

Carolina Coastal Pickleball Request for Charitable Donation

CCPC Member Submitter

Name: _____

Email: _____

Phone: _____

Affiliation to Organization _____

Organization Name: _____

Organization Contact: _____

Goal of organization: _____

Who are the recipients of the donation? _____

Is the organization a 501C3? _____

Is the organization local or national? _____

How long has the organization been in existence? _____

This is a request only. Requests will be reviewed by the CCPC Community Outreach Committee and recommendations made to the BOD for approval.