



APPLICATION FOR CHARITY OF THE MONTH

SABROSA MEXICAN GRILL OF WATER MILL

DATE: _____

1. SUBMIT PROOF OF 501C3 – IRS DETERMINATION LETTER

2. NAME OF CHARITY _____

ADDRESS: _____

PHONE: _____

CONTACT PERSON _____

EMAIL: _____

WEBSITE: _____

3. DESCRIPTION OF CHARITY: _____

(ATTACH MORE INFORMATION IF NEEDED)

MAIL OR EMAIL ALL CHARITY REQUESTS TO:

dborrill@sabrosamexicangrill.com

SABROSA MEXICAN GRILL, PO BOX 1019, WATER MILL, NY 11976

OFFICE USE ONLY:

CHARITY APPROVED: MONTH _____ YEAR _____

CHECK PRESENTATION DATE: _____

LOCATION OF CHECK PRESENTATION: _____