



## CONTRIBUTION REQUEST FORM

**Please Type or Print Clearly**

Attach to this form any supplemental materials that you feel will provide information about your organization or event.

NAME OF ORGANIZATION OR AGENCY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

(Address)

(City and Zip Code)

CONTACT PERSON \_\_\_\_\_

PHONE AND E-MAIL ADDRESS \_\_\_\_\_

PURPOSE OF ORGANIZATION OR AGENCY \_\_\_\_\_

GEOGRAPHIC AREA SERVED \_\_\_\_\_

NUMBER WHO BENEFIT FROM ORGANIZATION OR AGENCY \_\_\_\_\_

AMOUNT OF CONTRIBUTION YOU ARE REQUESTING \_\_\_\_\_

LIST OTHER SOURCES OF FUNDING YOU ARE APPLYING FOR OR HAVE RECEIVED FOR THIS PROJECT \_\_\_\_\_

HOW WILL FUNDS BE USED? \_\_\_\_\_

### Annual Meeting Schedule:

<u>Date</u>	<u>Amount Available</u>	<u>Subject</u>
February	\$30,000	General
May	\$15,000	Educational Scholarships
December	\$30,000	General

Please return to: Kim Lynch  
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