



2016 – 2017 Charity Registration Form

DATE:

My charity agrees to actively participate in one or more of the Heritage Classic Foundation Giving Programs; Heritage Champions Fore Charity and Birdies for Charity. I understand if we do not participate in the giving programs that our charity may be removed from the approved charity list.

Important Note: All charities participating in the HCF giving programs are required to notify their donors that no goods, services, memberships will be received in exchange for their donation and no participation fees, tuitions, or dues will be paid by their donation to the designated recipient charity(ies).

ARE YOU CURRENTLY LISTED AS AN HCF CHARITY? YES NO

WOULD YOU LIKE TO BE CONSIDERED AS AN HCF APPROVED CHARITY? YES NO

LEGAL NON PROFIT NAME:

Note: This is the name that will be verified with the IRS to confirm nonprofit status.

CHARITY NAME:

Note: Please list name as you would like to appear in print.

CONTACT NAME:

Note: If your charity has office facilities, please list the name of the primary contact person who will be working with the HCF. If this is an all-volunteer organization please list the person who administers charitable donations.

MAILING ADDRESS:

Please print the address where mail is received by your organization.

STREET ADDRESS:

Physical street address if different from above.

CITY, STATE, ZIP CODE:

Organization must be located in South Carolina or within Chatham County, GA.

PHONE:

EMAIL:

WEBSITE:

Please provide a brief description of your charity and its mission. Attach information if necessary.