



DAVISON BRUCE™ FOUNDATION

Letter of Inquiry (LOI) Form

Organization name:

Address:

City, State and Zip:

Year Established:

Tax ID#:

Website Address:

Person to contact regarding this Letter of Inquiry:

Telephone:

Email Address:

Are you a returning grantee?

Funding amount requested:

Which Davison Bruce Foundation Funding Priority fits your organization (check one):

Aid Poor/Charity & Sustainable Rehabilitation

Health & Wellness Services

Church Development & Ministry

Education & Scholarship

Mission Statement:

Briefly describe your organization and its key programs, including target populations and service areas:

Briefly describe your proposed project/program or services to be provided and why it is needed:

Do you personally know any members of the Davison Bruce Foundation?
If so, please list them here:

Please affix your authorized signature below:

Name:

Title:

Date: