



EAGLES TAWK GRANT PROGRAM
PRELIMINARY GRANT APPLICATION FORM
YEAR 2013-2014

Organization

Legal or Official Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip _____

Phone Number: _____

Fax: _____

Contact Name: _____

Contact Title: _____

Phone Number (Day/Cell): _____

Email Address: _____

Please return completed form along with a copy of your IRS determination letter to:

Eagles TAWK Grant Program
NovaCare Complex
One NovaCare Way
Philadelphia, PA 19145

TYPE OF PROJECT TO BE FUNDED

End Dogfighting Program _____
Medical Treatment/Rehab _____
Spay/Neuter _____
Adoption Initiatives _____
Animal Protection Professionals Program _____
Other (please specify) _____

How do you expect this grant to help the community (including the estimated number of animals to be reached): _____

EXECUTIVE DIRECTOR OR BOARD PRESIDENT

Name: _____

Title: _____

Phone Number (Day/Cell) _____

Signature: _____

Date: _____

By submitting this application to the Eagles TAWK Grant Program, you represent and warrant that you are duly authorized to represent the organization for which you are applying, and agree not to use Eagles name or trademarks in any news release, public announcement, advertisement or other publicity, or disclose any of the terms of the Eagles TAWK Grant Program to any third party, without the prior written consent of the Eagles, except under subpoena duly issued by a court of competent jurisdiction, or as otherwise required by government regulation.

Eagles may contact any Eagles TAWK Grant applicant in connection with this or other Eagles non-profit initiatives, advertiser news, or customer surveys. However, any individually identifiable information you provide with your application will not be disclosed to any third party without your permission. To learn more about our commitment to privacy, please read our [privacy statement](#).