



IPA FOUNDATION

Request Form

MISSION STATEMENT: The IPA Foundation is dedicated to providing for the wellbeing of children and their basic needs with a focus on making life changing differences for children with exceptional medical requirements. Please fill out this form completely.

1. Your contact information: (Name, address, phone #, e-mail address)

2. Name of your organization:

3. Do you have any personal involvement with this organization? If yes, please explain.

4. Is this a 501(c) (3) organization?

Yes (If yes, please attach a copy of the 501(c) (3) status with this request)

No

5. Please select your status: Your Method of Contribution to the Foundation

IPA Foundation Contributor

Check or Cash

Payroll Deduction

IPA Member

United Way

Not Currently contributing

Other (Please provide details) _____

6. How did you hear about the IPA Foundation?

7. How will the resources provided by the IPA Foundation be utilized? Provide as much detail as possible. The Foundation prefers to fund tangible items; i.e. specific equipment, programs, research projects etc. Prioritize and itemize your requests as necessary.

8.) The specific dollar amount of your request. (*required*) \$ _____

Forward completed request and supporting documentation to Foundation@ipapilot.org or IPA Foundation, 3607 Fern Valley Road, Louisville, KY 40219