



**RE/MAX Executive Realty**  
**Charitable Foundation**  
 445 Franklin Village Drive  
 Franklin, MA 02038  
 charity@remaxexec.com  
[www.remaxexec.com](http://www.remaxexec.com)

**Request for a Grant, Donation, or Assistance from the**  
**RE/MAX Executive Charitable Foundation.**

Thank you for contacting us! In order for us to consider a request, please fill out this form and either give it to a member of the Foundation, email it to [charity@remaxexec.com](mailto:charity@remaxexec.com) or mail it to the address above. Your application will be reviewed by the Board of Directors at their next meeting. You will then be contacted regarding your request by the President of the Foundation.

**Date of request made:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: 20 \_\_\_\_\_

**Date of request needed by:** Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: 20 \_\_\_\_\_

**Name of person making request:** \_\_\_\_\_

**Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_ - \_\_\_ - \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

**Name of organization, club, group, or individual that the request is for:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Town:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Telephone:** \_\_\_ - \_\_\_ - \_\_\_\_\_ **E-mail address:** \_\_\_\_\_

One of the primary goals of the Foundation is to provide assistance to individuals and families who may be in need due to health, medical or catastrophic emergencies in the Foundation's General Market Area. Please explain how your request will meet this goal. Please feel free to attach a separate letter. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Total amount requested from the Foundation is:** \$ \_\_\_\_\_ or, Min. \$ \_\_\_\_\_ Max. \$ \_\_\_\_\_

List other organizations contacted for assistance or, for contributions and amounts contributed or pledged for your request. Please include any Federal, State or Municipal programs.

1. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
2. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
3. \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

**Please explain:** \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_