

FUND REQUEST FORM
TEMPE IMPACT EDUCATION FOUNDATION

Date submitted _____

Requesting Individual and Organization

Phone and Email: _____

Date Donation Needed: _____

Send Donation To: _____

Amount Requested: \$ _____

Explain specifically how and when the donation will be used to support a program or activity in the Tempe Elementary School District. Indicate how many students or Tempe families will be served.

How will you inform the TIE Foundation about the results realized from the donation?

Send to: Tempe Impact Education Foundation
Joe Spracale
52 E. Yvonne Lane
Tempe, AZ 85284

Date of TIE Approval: _____

Check Number: _____

Or email to jspracale@cox.net