



# Rabbouni

## Catholic Community Tithing Application

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Brief Background, History & Purpose of Organization:

---

---

---

How is organization funded: \_\_\_\_\_

What year was the organization established? \_\_\_\_\_

What is you 501c3 Number? \_\_\_\_\_

How many people work for the organization? Paid Staff \_\_\_\_\_ Volunteers \_\_\_\_\_

What is the geographical area in which these funds will be used? \_\_\_\_\_

How did you hear of Rabbouni Catholic Community?

☐ A Parishioner

☐ Other (please comment) \_\_\_\_\_

Please attach the following information:

☐ Current Financial Audit ☐ Current Budget ☐ Agency Printed Materials (brochures, newsletter, Mission Statement)

Please send to the address below at the attention of the Social Concerns Committee

PO Box 206203 \* Louisville, KY \* 40250 \* 502-233-7773  
TheOtherCatholics.org