



## Coquille Indian Tribe- Donations

3050 Tremont St. • North Bend, Oregon 97459 • (541) 756-0904 • Fax (541) 756-0847

Thank you for your inquiry regarding The Coquille Indian Tribe and our charitable donations program.

In order to process your donation request, we ask each organization to complete the attached form and return it to Kay Collins at the Coquille Indian Tribe's Administration office. Please help us by completing and returning the form as soon as you can.

Requests are processed as soon as possible, but usually twice a month. Your organization is responsible for applying in a timely manner. Successfully obtaining a donation at the last minute is rare.

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Please complete the attached form and direct it to:

Coquille Indian Tribe  
3050 Tremont St.  
North Bend, OR 97459  
Attn: Donation Requests / Kay Collins

**Phone:** 541-756-0904

**Fax:** 541-756-0847

**E-mail:** [kaycollins@coquilletribe.org](mailto:kaycollins@coquilletribe.org)

**Note:** If the requesting organization is a nonprofit, we suggest visiting the Coquille Tribal Community Fund website at [www.coquilletribalfund.org](http://www.coquilletribalfund.org). If you think your request may be a better fit for a Community Fund grant than for the tribe's Small Donations program, please call or email Kay Collins (as listed above) to ask about Community Fund guidelines and the application timeline.

Updated 08/05/2022



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### Coquille Indian Tribe Donation Request Form

Name of organization: \_\_\_\_\_

Tax ID # (please submit a current W-9 as well): \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing address (if different than above): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization's mission and goals: \_\_\_\_\_

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

Date of event: \_\_\_\_\_ Amount requested: \_\_\_\_\_

Title of event or nature of request: \_\_\_\_\_

Briefly explain what the donation will be used for: \_\_\_\_\_

\_\_\_\_\_

How will/can the tribe be recognized for its donation? \_\_\_\_\_

\_\_\_\_\_

Date donation needed by: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only:** Approved: \_\_\_\_\_ Initial: \_\_\_\_\_ Denied: \_\_\_\_\_ Initial: \_\_\_\_\_