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

In order to process your donation request, we require that each organization complete the attached, brief form and return it to Jackie Chambers 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. It is up to the organization to get their request in on a timely manner and know that chances of obtaining a donation last minute are rare.

Things to consider before filling out a request are:

- Does the request benefit a Tribal Member or Tribal Event?
- Is the request for a youth event? I.e.: sports team, school function, etc.
- Does the request help within the following counties? Coos, Curry, Douglas, Lane, or Jackson
- Is the organization requesting funds a non-profit? If so, visit the Coquille Tribal Community Fund website at www.coquilletribalfund.org

If your request does not meet all of the criteria listed above, it does not mean that you are not eligible for a donation. If you think that your project/request fits better within the guidelines of the Coquille Tribal Community Fund, call or email Jackie Chambers (information listed below) to ask any questions about deadlines, the fund, guidelines, etc.

Please complete the attached form and direct it to:

Coquille Indian Tribe
3050 Tremont St.
North Bend, OR 97459
Attn: Donation Requests / Jackie Chambers
Fax #: 541-756-0847
E-mail: jackiechambers@coquilletribe.org
Coquille Indian Tribe’s
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: ______