



WISDOM FOUNDATION
REQUEST APPLICATION

Company or Organization Name _____

Company or Organization Address:

Contact Name _____

Contact Phone Number _____

Tax ID# for Organization _____

Foundation Request _____

On attached sheet please give any detail of the support requested. Also briefly summarize program or family situation that you are seeking funding for. Please include how the support may help the outcome of individual family or group. Please be specific in how exactly you would like Wisdom Foundation to support your organization.

Mail all request to: Wisdom Foundation
Attention: Kristi Wisdom
1575 Executive Drive
Elgin, IL 60123
Phone: 847-841-7002

- Wisdom Foundation Mission Statement: ***To provide financial and charitable support for children and families of the Greater Elgin Area resulting in sustainable growth and well being.***