



Schedule A to External Fundraising Request

Instructions: For each entity associated to organization as parent, subsidiary, or subcontractor, complete a copy of this schedule and attach it to your request. Organization name and affiliate name must match those stated on [Request](#) form.

Organization Name:	Tax ID Number:
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Affiliate Name:	Tax ID Number:
Relationship to Organization:	Acronym:
Principal Place of Business:	STREET CITY STATE ZIP+4
Mailing Address: <input type="checkbox"/> Same as above	STREET CITY STATE ZIP+4
Phone:	Email:
Fax:	Website:

Personnel: Identify all members of affiliate’s governing body and senior management and any other key employees (whether paid or voluntary). If affiliate has more key personnel, attach additional pages using the same format.

¹	Name:	Position:	
	Address:	STREET CITY STATE ZIP+4	
	Phone:	Email:	
²	Name:	Position:	
	Address:	STREET CITY STATE ZIP+4	
	Phone:	Email:	
³	Name:	Position:	
	Address:	STREET CITY STATE ZIP+4	
	Phone:	Email:	

4	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
5	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
6	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
7	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
8	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
9	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
10	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
11	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	
12	Name:		Position:	
	Address:	STREET		
		CITY	STATE	ZIP+4
	Phone:		Email:	

Additional pages attached.