



*St. Mary of Magdala Church*  
*An Ecumenical Catholic Community*

P.O. Box 774, Harwich Port, MA 02646  
stmaryofmagdalachurch.org

**2026 CHARITABLE FUND SUBMISSION PACKET**  
Please print this form, fill it out, and return it at  
church by February 28, 2026.  
Only registered parishioners may submit proposals.  
Please review all guidelines on page 3 of this  
document before continuing.

Parishioner Information:

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

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

I am requesting that the amount of \_\_\_\_\_) be donated to the following Non-Profit Organization listed below.

**Please note: \$250 maximum. It is very important to review the guidelines on page 3 of this document first. Then, fully and legibly complete pages 1 & 2.**

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

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

Zip \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

Please provide a photocopy from the internet or a brochure regarding non-profit status.

**SMMC CHARITABLE GIVING FUND APPLICATION**

**Please answer the following questions as thoroughly and legibly as you are able.**

*You may type your answers on a separate document if you prefer. If you do so, please be sure to put your name, phone number and email on each additional sheet and staple them to the cover sheet.*

The more completely these questions are answered the better the chance of funding. Incomplete forms are unable to be accepted.

**Toward what specific purpose will this donation be used?** (An answer like “general administration” is unacceptable; the answer, while not needing to be in great detail, must specify the use. For example, “Providing vital goods to families with young infants.”)

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**In what geographical area will the impact of this donation be felt?** (For example, if it is a national or global organization, in what area will they use the money?)

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**Please list the website address where a brief history and background of this organization can be found.**

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**Tell us in your own words why you feel strongly that this donation should be made. Continue on the back of this page if needed.**

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## **Guidelines for the Consideration of Proposals**

Your proposal must meet the following guidelines for funding consideration:

1. It is the responsibility of the parishioner submitting the proposal to be familiar with and follow these guidelines, to provide all requested information, and to ensure accuracy of information.
  - a. **Please note: as of this year (2026) we will no longer use checks to disperse funds to charities – please be sure the charity you are proposing accepts either credit cards or direct deposit.**
2. Organizations may be funded up to two consecutive years.
3. Proposals which lack supporting information and/or documentation, or which have provided inaccurate or false information, will not be funded.
4. Persons submitting proposals should not be affiliated with the organization proposed as employees or members of a board.
5. Only proposals to fund Non-Profit Organizations registered as such in their local state or with the IRS will be accepted. **Please include documentation of this (it is usually described as a 501c3 organization).**
6. Each Proposal for Funding may not exceed \$250 and may be funded to a lesser degree upon determination by the committee.
7. Please be aware that the Charitable Fund committee shall take into account the total number of requests received, the greatest need, and the greatest impact when distributing the funds, with a preferential option for small community-based organizations at the local, national and international levels. We have a total of \$1,000 available to disperse during 2026.

