

# Take a Swing at Cancer, Inc.



Please fill out the attached sheets and send all information to the following address:

Take a Swing at Cancer, Inc.  
c/o: Beneficiary Committee  
PO Box 5245  
Framingham, MA 01701-5245

## **Cancer Organization Support Request**

Take a Swing at Cancer, Inc. (TASC) provides funds to tax exempt charities and organizations that provide cancer related services such as research, treatment, early detection, family support, hospice, and education. Organizations providing cancer related services may request financial grants from Take a Swing at Cancer, Inc. by completing our application for cancer organization support and submitting it, along with supporting documentation. Our policy is not to support the fundraising events of other organizations. Typical support given is in the range of \$250 to \$1,000 (although larger amounts may be authorized in extreme cases).

**NOTE:** Organizations requesting funding for cancer related research should complete our application for research funding and submitting it, along with supporting documentation.

**We currently focus our giving efforts in and around the six states of the New England area (CT, MA, ME, NH, RI and VT).** Our by-laws do allow us to consider applications from all across the United States. However, since we are still a relatively small organization with a limited budget, we will not be likely to sustain benefit giving much beyond our immediate area until we are able to grow.

Since we are a small organization with limited resources, we attempt to support similar sized organizations that have limited sources of funding. However, all organizations are considered and may be supported, regardless of size.

As an all-volunteer organization, we may not meet more often than once per month. We intend to check for mail on a weekly basis. Therefore, if your request has an urgency of sooner than two months response time, we recommend that you call our phone number and leave a message including your name, phone number, when the application was mailed to us, and by what time you need to have an answer.

Please submit all applications and related materials to the address below. You may also call us for further information or check our website.

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c/o: Beneficiary Committee  
PO Box 5245  
Framingham, MA 01701-5245

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[www.takeaswing.org](http://www.takeaswing.org)

Phone: (781) 690-0350  
Email: [Info@Takeaswing.org](mailto:Info@Takeaswing.org)

**Take a Swing at Cancer, Inc.**  
PO Box 5245, Framingham, MA 01701-5245  
(781) 690-0350

**Application for Cancer Organization Support**

**Section A. Organization Information**

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

Location (street address, city, state, zip): \_\_\_\_\_

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

Phone number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

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

Federal Tax ID: \_\_\_\_\_

501[c]3 status: ☐ Approved ☐ Pending (application filed) ☐ None

How did you find out about TASC? \_\_\_\_\_

**Section B. Contact Information**

Please provide the following information for the main contact person regarding this application. If more than one contact person, please attach a page with information about all contact persons.

Contact's name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone number: \_\_\_\_\_ FAX Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Best times to call: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

\_\_\_\_\_

**Section C. Funding Request** (use additional sheets if necessary)

Brief overview of the mission of the organization:

What services are provided to whom?

What support is sought from Take a Swing at Cancer, Inc. (amount and purpose – be specific)?

When is the support needed?

What other sources of funding does your organization have?

**Agreements:**

By submitting this agreement, you agree to the following terms with Take a Swing at Cancer, Inc. (TASC):

- a) To provide a copy of the organization's annual report, if requested.
- b) To provide copies of financial reports, if requested.
- c) To provide additional information about the organization, if requested.
- d) Authorization for TASC to make referrals to your organization for the services it provides.
- e) Authorization for TASC to include a link to your website from the TASC website.

I further agree that if TASC provides funds for the benefit of the applicant, this will constitute permission to include a brief write-up on the applicant in the Beneficiaries section of the TASC website and/or updates in our newsletter.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_