

# 2021-2022 WGY CHRISTMAS WISH ALLOCATION REQUEST FORM



To be considered for this year's allocation, please return this form by January 31, 2022 with your tax-exempt status letter to

## ADDRESS

WGY Christmas Wish  
1203 Troy-Schenectady Road, Suite 201  
Latham, NY 12110

## PHONE

(518) 452-4800

## E-MAIL

jillianshuhart@iHeartMedia.com

- TAX-EXEMPT LETTER AND FEDERAL TAX ID NUMBER **MUST** BE INCLUDED WITH APPLICATION TO BE CONSIDERED
- ONLY ONE APPLICATION PER AGENCY
- NO ATTACHMENTS
- APPROVED ORGANIZATIONS WILL BE NOTIFIED BY MAIL

ORGANIZATION'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_ FEDERAL TAX ID NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

COUNTY: \_\_\_\_\_ CONTACT NAME & PHONE NO: \_\_\_\_\_

TOTAL ANNUAL OPERATING BUDGET (REVENUE & SUPPORT) - PLEASE LIST ALL SOURCES OF FUNDING: \_\_\_\_\_

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HAVE YOU **REQUESTED** FUNDING BEFORE? \_\_\_\_\_ **RECEIVED** (YEAR & AMOUNT)? \_\_\_\_\_

GEOGRAPHIC AREA YOUR ORGANIZATION SERVES: \_\_\_\_\_

NUMBER OF CHILDREN ACTUALLY SERVED ANNUALLY: \_\_\_\_\_

TOTAL PERCENTAGE OF LOW-INCOME SERVED ANNUALLY: \_\_\_\_\_

NO. OF VOLUNTEERS: \_\_\_\_\_ NO. OF PAID STAFF: \_\_\_\_\_

DOLLAR AMOUNT YOU ARE REQUESTING FROM CHRISTMAS WISH THIS YEAR: \_\_\_\_\_



**(A) LIFE SUPPORT:** \_\_\_\_\_

**(B) OTHER HEALTH RELATED:** \_\_\_\_\_

**(C) RECREATION EQUIPMENT:** \_\_\_\_\_

**(D) RECREATION ACTIVITIES:** \_\_\_\_\_

**(E) CHILD CARE:** \_\_\_\_\_

(F) ALL OTHERS: \_\_\_\_\_

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YOUR NAME \_\_\_\_\_ YOUR SIGNATURE \_\_\_\_\_

YOUR TITLE \_\_\_\_\_



**WGY**  
NEWS RADIO  
810 & 103.1

