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**Application for Funding**

Wayne and JoAnn Moore Charitable Foundation

 Submission Date:

|  |  |
| --- | --- |
| Organization Name: |  |
| Physical Address: |  |
| Mailing Address: |  |
| City, State Zip: |  |
| Telephone: |  |
| Fax : |  |
| Website: |  |
| Executive Director: |  |
| E-Mail Address: |  |
| Contact Person: |  |
| E-Mail Address: |  |
| Tax ID #: |  |

WJMCF

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