

Application For Thanksgiving Donation

DATE:		
FULL NAME (PRINT):		
MAILING ADDRESS:		
PHONE:		
EMAIL:		
Please provide a brief summary of your situation and need for assistance:		

I affirm that the information given on this form is true and accurate as of this date

Signature:	:	
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Completed application can be submitted by email to thecastellanofoundation@gmail.com or mailed to:

The Castellano Foundation 2414 Calle Dulce Las Vegas, NM 87701

For questions or concerns contact Cassandra L. Castellano (505) 470-1569