

**Javita Cares Screening Form:**

Thank you for your interest in Javita Cares. Please help us to understand your organization by answering the questions below and returning this to us at **support@javitacares.com** or by **Fax: 561-922-2197**.



**Organization Name:** \_\_\_\_\_

**Your Name:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_

**Does your organization support:**

- youth-based groups (after-care, athletic programs, scholastic and academic groups)*
- environmental groups*
- faith-based organization*
- special-needs groups*

**Is your organization a 501 C3? If not, does it have another charitable designation?**

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**Your organization's mission:**

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**Please provide a brief description of what you will be raising money for?**

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**How did you find out/ who referred you to Javita Cares?**

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After this form is filled out and returned to us, it will go through a review process and you will be notified within 10 business days.

**Thank you in advance for your prompt attention to this request for information.**