



Gay Community Center of Richmond

Application for Waiver or Reduction of Facility Rental Fees

All organizations seeking a waiver or reduction of GCCCR's facility rental fees must complete this form. This form only needs to be completed once and will be kept on file.

Organization Name: _____

Contact: _____ Phone: _____

E-mail: _____ Website: _____

Organization Address:

Organizational Membership: _____

We are a tax-exempt 501 [c] 3 organization: _____ Yes _____ No

Our Federal Tax ID Number is: _____

Our Mission is: _____

Primary purpose for our request of Gay Community Center of Richmond meeting rooms or event space:

Signature

Title

For internal use only below this line. _____

Received: _____

Received by: _____

Date: _____

_____ Approved _____ Denied

Approved by: _____

Letter sent: _____