

## Evaluation Form

*please fill in the blanks*

Name of Organization:

Contact Person:

Job title:

Full Address

Telephone

Email:

Website

Country of registration and charity number:

**Please provide a short paragraph (150 words max) explaining your organizations charitable work (this will be uploaded to our website should your application be successful) and request (Feature Story and/or Event Support).**

**IMPORTANT: Please ensure all boxes below are properly checked.**



1. No person or company benefits from the income or assets of the applicant, other than as a recipient of charitable activity.	
2. The applicant has NO shareholders (If Yes explain/detail in in an attached document).	
3. If the applicant were to stop operating, its assets would be distributed to another charitable organization or for similar charitable purposes.	
4. The applicant does not engage in non-charitable activities.	
5. The applicant does not lobby (other than as a small part of its overall charitable activities) or participate in political campaigns.	
6. The applicant is not controlled by any other organization.	

- ! PLEASE ALSO PROVIDE THE FOLLOWING:**
- MOST RECENT ANNUAL REPORT (PDF FORMAT)
  - MARKETING LITERATURE ABOUT YOUR ORGANIZATION AND PROGRAMS (PDF FORMAT)
  - ALLOW TWO WEEKS FOR PROCESSING.

Submit your application via email to [info@getrealexclusive.com](mailto:info@getrealexclusive.com), include Charity Application in the subject line. Your application will not be considered unless we have all the correct paperwork and the form is fully completed. If you have any questions or require additional information please contact us at [info@getrealexclusive.com](mailto:info@getrealexclusive.com), include Charity Question in the subject line.

First Signature.....Name .....Title.....

Second Signature.....Name .....Title.....

Date ..... **NOTE: One signature must be that of the Chairman or equivalent.**