

Date: _____

Ozark Marketing Company / Ozark Horse Trader Give Local First Recipient Request Form

Organization Name: _____

Registered 501C3? Yes / No (Please attach documentation)

Board Members: _____

Organization Website: _____

Contact Name: _____ Title: _____

Contact Email: _____

Contact Phone Number: _____

Address: _____ City: _____ State: _____

Date Established: _____

Description of services provided:

How would funds be used from Give Local First? (the more specific the better) _____

Communities/Counties Served: _____

Past / current fundraising: _____

Please return application to Ozark Marketing Company attn Vanessa Williams or email to GiveLocalFirst@gmail.com by September 30, 2024. For questions please call 417-256-3131