

Higher Education Without Debt and Local Orange County Causes

The Miller Foundation Beneficiary Application

Organization Information:		
Name:		Tax ID Number:
Address:		
City:	Zip:	Telephone:
Contact:	Email Address:	
Referral Information:		
Company Name:		
Employee Name:		
Affiliation/Relation:		
Brief overview of your organiza	ation :	
If selected, how would the mone	ey donated from The I	Miller Foundation be spent:
Please describe the current com	munity involvement o	r support for your organization:

Return completed form to Mindy Peek, mindy@millerfoundation.us