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**LIGHTHOUSE COMMODITIES, LLC**

**Beacon Fund Donation Request Form**

For donation requests please complete and return this form by email to: [jcrist@lighthousecommodities.com](mailto:jcrist@lighthousecommodities.com)

\*\*\*Organization, event or activity must meet Beacon Fund approval guidelines\*\*\*

Or Mail form to: Lighthouse Commodities, LLC

4719 Shelburne St STE 9

Bismarck, ND 58503

701-516-8024

Client Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Recipient Organization/Event |  | | | | |
| Mailing Address |  | | | | |
| City, State, Zip Code |  | | | | |
| Details of organization/event |  | | | | |
| Requested Matching Funds Amount |  | | | | |
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Client Signature Date

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Lighthouse Signature Date