



*ORGANIZATION APPLICATION FOR CONSIDERATION
IN LICHTSINN FAMILY FOUNDATION
We Care Charitable Giving Program*

Organization Name: _____

Address: _____

Phone Number: _____

Primary Contact: _____

Overview of Organization's Mission: *(please use additional pages if needed)*

**Thank you for your submission – your application will be reviewed and considered for part of the
Lichtsinn RV**

WE CARE plan for the upcoming calendar year. Please e-mail or mail application to:

Lichtsinn RV | 505 Highway 9 East | Forest City, IA 50436 |
Hope@Lichtsinn.com