

# NATIONAL CATHOLIC COMMUNITY FOUNDATION

## *Ministry Catalog Application*

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

Website: \_\_\_\_\_

Category of Ministry: (Please check one.)

- Education \_\_\_\_\_
- Health Services \_\_\_\_\_
- Religion \_\_\_\_\_
- Social Services \_\_\_\_\_
- Environment \_\_\_\_\_
- Other (Please specify.) \_\_\_\_\_

Mission Statement (if not included in accompanying literature):

---

---

---

---

---

---

---

---

---

---

---

Please enclose a copy of your 501(c)(3) approval letter, most recent Form 990, an organizational brochure and the contact information of a person, if different from above, whom NCCF would contact to initiate fund transfer and establish a reporting mechanism, if necessary. If this listing is a program, please include a letter from the parent 501(c)(3) organization verifying 501(c)(3) status.

Return this form and requested documents to: National Catholic Community Foundation, 1321 Generals Highway, Suite 202, Crownsville, MD 21032.