



Squeal on the Eel (4th Annual Fundraiser)
June 14, 2025
Non-For-Profit Application for Funds from Event Festival



Name of Organization: _____

Non-Profit Federal Identification Number: ___ - ___ (Copy of 501©3 letter must be attached)

Address: _____ **City/State:** _____

Contact Name: _____ **Title:** _____

Email: _____ **Contact Phone #:** _____

History & Mission of Organization:

Please use the space provided below (or attach a short letter) describing how the donation will be used:

Is this a Cass County Organization (please circle one): YES NO

Are you willing to provide volunteers the day of the event (please circle one): YES NO

How many members or volunteers do you have with your organization (Approximately): _____

Application Prepared & Submitted By:

Name (please print): _____ **Title:** _____

Signature: _____ **Date:** _____

Please mail completed form to: Squeal on the Eel PO BOX 1853 Logansport Indiana 46947

Questions? Please direct that to: squealontheel@gmail.com

*Funds from festival proceeds are directed towards Cass Counties Local & Non-Local Non For Profit Organizations