

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:

Please enclose a copy of your 501(c)(3) approval letter.

Return to:
National Catholic Community Foundation
1321 Generals Highway, Suite 202
Crownsville, MD 21032
or info@nccfcommunity.org.