



Community Development

Atlantic Insurance Group LLC is committed to service – to our clients, our employees, and our community. It is our desire to invest heavenly in our community where we live, work and serve. We are looking for opportunities to support community development and growth. Please complete and return the following application to Attn: Stephen Milwicz.

From everyone who has been given much, much will be required, and from the one who has been entrusted with much, even more will be asked. Luke 12:48

Applicants Information

Name Of Policyholder(s) _____ Policy #: _____

_____ Policy #: _____

Applicant's Name: _____

Organization's Name: _____

Mailing Address: _____
Street City State Zip

Location Address: _____
Street City State Zip

Phone: _____ Other Phone: _____

Email: _____

Website: _____

Amount Requesting: _____ **Date Needed:** _____

Please attach the answers to these questions on a separate sheet(s).

- What is the organizational Mission?
- What separates your organization from others doing similar work?
- What is the purpose of the money requested?
- How will/does this project/group foster growth and development in our community?
- How do you know that growth and change is occurring?

Print Name: _____

Signature: _____

Date: _____

The above information will remain confidential and will not be used for any other purpose than determining eligibility.