



SMCF | PASSTHROUGH DONATION APPLICATION

As a Trusted Community Partner, we already have all your organizational information on file, so this application focuses squarely on your passthrough donation.

If internet access is limited, you can pick up a printed form from our office, type or handwrite your responses in whatever language you're most comfortable with, and we'll take care of uploading them. We understand that every organization is on its own journey, and we're here to support you as you grow. Thank you for all you do to support our community.

If you have questions or would like help at any point, our longtime bilingual Administrative Director, Araceli Cerritos, is happy to answer any questions (+52 415 152 7447 | WhatsApp: +52 415 105 8252).

Pass-through Donation Application Checklist

Gather the following:

- Donation Purpose
- Expected Impact
- Amount Expected
- Donor Information

Turning Generosity Into Lasting Impact Since 1976

Donation Overview

Describe how this donation will support your organization. Please be as specific as possible.

Organization Legal Name

What do you hope to accomplish with the funding?

Briefly describe the specific goal or outcome you aim to achieve with these funds. Please be clear and concrete.

How will the funds be used?

Explain how the donation will be allocated (e.g., materials, services, staffing, direct assistance). Keep it specific and aligned with your goal.

How will your organization measure impact?

How will you know this project is working? Your metrics can be simple and appropriate to your stage. These may be hard measures (such as the number of people served, workshops held, or resources delivered) or softer signals (such as changes in participation, confidence, skills, or community engagement). The goal is to show what will change and how you will notice it.

Pass-through Donation Expected

As a trusted community foundation, we prioritize transparency and accountability. Knowing who is making the donation and the expected amount allows us to steward funds responsibly, ensure compliance, and maintain the integrity of our shared philanthropic ecosystem.

Amount Expected in Pesos

Pass-through Donor Name

Pass-through Donor Phone

Pass-through Donor Address

Pass-through Donor Mailing Address (if different than above)

Consent

By submitting this Pass-through Donation application on behalf of my organization, I confirm that all information provided is true, complete, and current to the best of my knowledge.

By checking the consent box below, I authorize SMCF to: contact me for clarification or additional documentation if needed; contact references listed here and/or elsewhere; and grant permission for SMCF to feature submitted responses, images, video, and my organization's logo in print and digital marketing materials.

By checking this box on behalf of my organization, I agree.

Printed Name: _____

Signature: _____

Date: _____

Thank you for taking the time to share this request with us. We know how much resourcefulness it takes to lead a growing organization in San Miguel, especially in the early stages when every peso, every hour, and every relationship matters. We're grateful for your commitment to the community and honored to be in conversation with you.

*With Gratitude,
The SMCF Family*