



Rotary Club of Guilford

P.O. Box 32

Guilford, CT 06437

www.guilfordctrotary.com

DONATION REQUEST FORM

The Guilford Rotary Club is dedicated to helping meet the needs of communities in line with the principles of Rotary and our Club Bylaws. All donation requests will be reviewed monthly unless an "Emergency Need" request is made which will be reviewed on an as-needed basis. All approved requests will be paid by check only. Please fill out this form completely and return to the address listed above. Type or print legibly with blue or black ink. Please be advised that requests for political contributions or donations to political causes will not be considered.

Date: _____ Amount Requested: _____

Organization: _____ Phone: _____

Contact Person: _____ Email: _____

Address: _____ City / Zip: _____

Relationship to the Applicant: _____

Relationship to Rotary, if any: _____

Program/Project Description: _____

Describe how the donation is to be used. Be specific about goals and objectives; attach additional sheets if needed:



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Total cost of entire program/project: _____

Have you, your organization or group ever received a donation from our club in the past? _____

Other funding sources with donation amounts (include other requests):

Does your organization have 501(c)(3) status? _____ If so, Tax Identification Number _____

Please attach your current Federal 990 or other return as well as any supporting literature or additional information.

If donation is approved, what is the name of the check payee? _____

To what address should a check be sent? _____

By signing below, I (We) affirm that the information being provided is true and correct to the best of my (our) knowledge.

Printed name

Signature

Title

Date

===== **FOR ROTARY USE ONLY** =====

Date Request Received: _____ Received By: _____

Approve / Decline

Amount Awarded: _____

Date: _____

Mailed / Collected

Date: _____