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:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________
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: ____________________________

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