

DONATION REQUEST FORM

\*Today’s Date:

\*Name of Organization:

\*Non-Profit Organization: YES or NO

\*Contact Person:

\*Organization mailing address:

\*Email Address/Phone Number:

\*Amount Requested:

\*Would you be willing to come to our Rotary meeting to speak about your organization, why you need the funds, and how you plan to use them? YES or NO

1. How will the funds received be used specifically?

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1. Who are the beneficiaries of the funds? Approximately how many people will benefit from the funds? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Note: Contribution requests are a one-time donation within our fiscal year. (July 1 -June 30)

Please return the completed form to:

**The Rotary Club of Mathews Or by email to MathewsVARotary@gmail.com**

 **Attn. Community Service Project**

**P.O. Box 282**

**Mathews, VA 23109**