

# Community Donation Request

## LOCKPORT ROTARY CLUB of LOCKPORT



Attn: Giving Committee  
P.O. Box 1199  
LOCKPORT, N.Y. 14095

Organization Name: \_\_\_\_\_

Please include a copy of the organization's 501 (c)(3) determination letter with this request. If the organization is not required to have obtained a 501 (c)(3) letter, it must provide a copy of an IRS letter or a legal opinion certifying that the organization is a public charity as described in section 509(a) (1), (2), or (3).

Organization Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Organization Website: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Daytime Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Amount Requested: (Maximum of \$1,000) \_\_\_\_\_

Project Title: \_\_\_\_\_

Project Start Date: \_\_\_\_\_

Project Completion Date (if applicable): \_\_\_\_\_

Has this organization received previous funding from the Lockport Rotary Club? Yes No

### **On a separate sheet (or sheets), please provide the following information:**

1. Briefly describe your organization's HISTORY, MISSION AND GOALS.
2. Briefly describe the PURPOSE OF YOUR DONATION REQUEST.
3. Briefly describe the NEED AND IMPACT of this PROJECT for the LOCKPORT COMMUNITY.
4. Please include recent QUOTES/ESTIMATES for purchases presented in your donation request.

\_\_\_\_\_

Signature of contact person Date of Request