

Community Donation Request



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 Rotary Club of Lockport?
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