

**Community Donation Request**  
**LOCKPORT ROTARY CLUB**

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 SUMMARIZE 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.

\_\_\_\_\_  
*Signature of contact person*

\_\_\_\_\_  
*Date of Request*