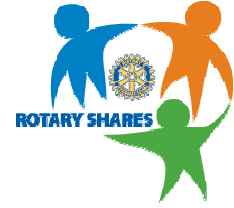


ROTARY CLUB OF GAYLORD, MI

*P.O. Box 1084
Gaylord, MI 49734*



Name of person requesting _____

Organization / Agency _____

Address for Contact _____

Phone: Work _____ Home _____

Purpose _____

Amount Requested _____ Date of Request _____

Date Funding Required _____

What other funding sources are you using? _____

Are you a 501(c)(3) Organization? _____ Yes _____ No

What is the Governing Body? _____

FOR ROTARY CLUB OF GAYLORD USE ONLY

Action of Rotary Club of Gaylord Board _____