Revised 8-2013

Rotary Club of Ankeny

Donation Request

1. **Name of organization that will receive the funds.**
   a. Organization Name: _____
   b. Address: _____
   c. City, State, Zip: _____
   d. Contact Person: _____
   e. Contact's Phone: _____
   f. Contact's E-mail: _____
   g. Federal Tax ID Number (If Non-Profit Org): _____

2. **Donation amount requested:** _____

3. **Purpose of Donation. Describe the following:**
   a. The project name: _____
   b. The goals and objectives of the project: _____
   c. How the funds will be used: _____
   d. Number of people served: _____
   e. Community(s) to be served: _____
   f. Recognition to be given to Rotary: _____

4. **Date funds are needed:** _____

5. **Rotary Club of Ankeny member sponsor:** _____

_____ _____
Signature of Applicant *Date*

Rotary Club of Ankeny - Board Action

1326 SW 31st Lane
Ankeny, IA 50023

☐ **Approved – Amount:** $_____
☐ **Declined**

_____ _____
Signature of Secretary *Date*