



Rotary International Mission Statement

“Provide humanitarian service, encourage high ethical standards in all vocations and help build goodwill and peace in the world.”

Rotary International Motto

“Service Above Self”

The Rotary Club of Port Jefferson receives numerous requests for sponsorship and donations. Therefore, the following guidelines are set forth to assure fairness and maximize the benefits that the Rotary Club can provide.

The review and approval/declination process is to ensure that all donations are aligned with the mission, vision, and goals of Rotary. Donations are made to 501 (c) (3) organizations that service and or benefit the local, national and international community. Donations are not made in exchange or reward for any business. The Rotary Club places priority on contributing to deserving organizations that make a difference in our world.

Each request will be evaluated based on the following criteria:

- The request for funds must be aligned with the Rotary International Mission Statement
- Must be available to speak at one of club’s meeting
- Sufficient funds must exist in the Rotary Club of Port Jefferson Welfare Fund to support the request

All requests must be submitted on the attached Application.

Applications can be submitted from July 1st through March 1st for consideration for the following fiscal year. The Rotary fiscal year is July 1 - June 30th.
(e.g.: applications received by March 1, 2026, is for the July 1, 2026–June 30, 2027 fiscal year.)

All Applications for donations must be submitted to:

**The Rotary Club of Port Jefferson
P.O. Box 461,
Port Jefferson, NY 11777**



PORT JEFFERSON ROTARY DONATION APPLICATION

Name of Not-For-Profit Organization: _____

Contact Name: _____ **Tax Exempt ID:** _____

Description of Goals/Activities of Organization (please as specific as possible):

Address: _____

Phone: _____ **Email:** _____

Amount Requested: _____ **Proposed Use of Donations:** _____

If approved, funds will be available starting July 1 of the following Rotary fiscal year

Signature of Applicant: _____ **Date:** _____

For Office Use Only:

Date Received: _____ **Rejected:** _____ **Approved:** _____

Description of Donation: _____

Value: _____ **Date Filled:** _____ **Pick Up Date:** _____

Signature: _____ **Date:** _____