

**ROTARY CLUB OF SAN LUIS OBISPO**  
**P.O. Box 833, San Luis Obispo, CA 93406**  
**Attn: Charitable Allocations Committee**  
[www.slrotary.org](http://www.slrotary.org)

**DONATION REQUEST FORM**

**The Rotary Club of San Luis Obispo** is dedicated to helping meet the needs of its local community in line with the principles of Rotary and our Club's Bylaws. **This year's Rotary International theme is "Unite for Good", so our committee will focus on non-profits that can demonstrate how their programs helping to Unite for Good in the community by meeting the Rotary Charity Priorities.** All approved requests will be paid by **check only**. Please fill out this form **completely** and email this year's Charitable Allocations Committee Chair Jim Gardiner at [jimgardiner@charter.net](mailto:jimgardiner@charter.net).

Please be advised that requests for political contributions or donations to political causes will not be considered.

**Our total charitable allocation this year is \$16,000. Our previous gifts have ranged from \$500 to \$2000.**

**PLEASE SUBMIT APPLICATION NO LATER THAN APRIL 24, 2026**

Date of request: \_\_\_\_\_ Amount requested: \_\_\_\_\_

Name of Organization: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Name of person requesting donation: \_\_\_\_\_ Phone: \_\_\_\_\_

Position with Organization: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you authorized to request funds on behalf of the organization?  Yes  No

Is the Organization a tax exempt 501(c)3 non-profit?  Yes  No Tax ID No: \_\_\_\_\_

**On a separate page, please describe the mission of your organization and how our grant funds will be used to meet the Rotary Charities Priority**

Name(s) of Rotarian(s) from The Rotary Club of San Luis Obispo affiliated with this organization (if any): \_\_\_\_\_

Has this club given to your organization in the previous 12 months?  Yes  No

Has another service club in SLO County given to your organization in the previous 12 months?  Yes  No

*By signing below, I (We) affirm that the information being provided is true and correct to the best of my (our) knowledge. I (We) also consent, should a donation be awarded, to the use of the Organization's name and other information, logo, photos of the Organization and its agents, etc. in any promotional material generated by The Rotary Club of San Luis Obispo for their use. I (We) also consent to creating a Public Service Announcement (PSA) about the donation for local news outlets if so requested by the Club. If a donation is awarded, I (We) also agree to have a representative from the Organization attend a Rotary Club meeting to formally receive the donation, if schedules permit. I (We) also agree to provide a Tax Acknowledgement Letter for any donation given and provide evidence of our 501(c)3 status. I (We) agree that this form and any additional information provided to The Rotary Club of San Luis Obispo about the Organization will be kept and not returned regardless of whether or not the request for donation is approved or declined.*

Signature/Title of requestor: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Name/Address to be mailed to: \_\_\_\_\_  
(if applicable) \_\_\_\_\_  
\_\_\_\_\_

-----**FOR ROTARY USE ONLY**-----

Date request received: \_\_\_\_\_ Received by: \_\_\_\_\_

**Charitable Allocations Committee Recommendation:**

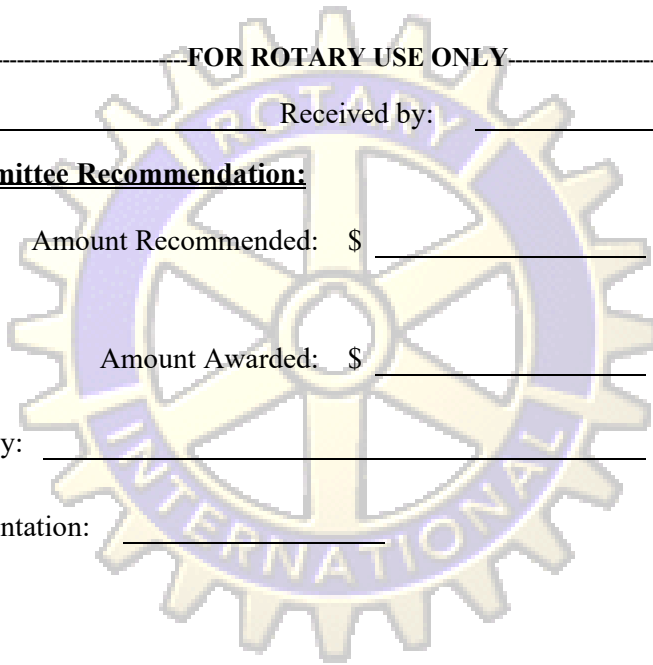
Approve     Decline    Amount Recommended: \$ \_\_\_\_\_    Date: \_\_\_\_\_

**Board of Directors:**

Approved     Declined    Amount Awarded: \$ \_\_\_\_\_    Date: \_\_\_\_\_

Mailed     Picked Up By: \_\_\_\_\_    Date: \_\_\_\_\_

Rotary Meeting Date for Presentation: \_\_\_\_\_



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**CHARITABLE PRIORITIES:  
*CHILDREN, CRITICAL NEEDS, and COMMUNITY***

The Rotary Club of San Luis Obispo has established three types of organizations and individuals as priorities for its assistance:

- **Children**, whose growth, learning, and healthy development can be aided and whose special needs can be met through programs providing positive experience, mentoring, and/or financial assistance.
- **Critical needs** of people suffering with illness, poverty, or calamitous events, whether locally or in distant places.
- **Community life and cultural enhancement** programs and facilities, which contribute to the positive environment of our communities.

Additional characteristics of organizations and projects are considered in assessing an applicant's eligibility and the amount of assistance to be provided:

1. Non-profit, tax-exempt status is required.
2. Programs must be sponsored, endorsed or otherwise affiliated with an active Rotarian.
3. Funding is not provided for political or religious purposes.
4. Funding is not provided to groups for the purpose of their fundraising efforts.
5. Funding requests are considered one-time support and should not be expected on a continuous basis.

Projects should support the Rotary Four Way Test as well as the Rotary International theme of the current year.