



**Cooperstown Rotary Club  
Allocations Request Form**

Name of Organization:

Non-Profit:  Yes  No

Contact Person:

Address:

Daytime Phone:

Evening Phone:

E-Mail:

Amount Requested:

Purpose of Request:

Number of People Served:

Geographic Area Served:

Use of Contribution:  Administrative Expenses

Program Expenses

Special Event

Other (Please Explain)

Date Funds Needed:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_