

**Bryan Rotary Club  
Charity of The Month  
Recommendation Form**

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Website: \_\_\_\_\_

Mission Statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Board Member Sponsor: \_\_\_\_\_

Board Member Email: \_\_\_\_\_

Month Requested:	July	August	September
(circle preference)	October	November	December
	January	February	March
	April	May	June

*FOR TREASURER USE ONLY:* \_\_\_\_\_

Check Date: \_\_\_\_\_

\_\_\_\_\_