

 **Mail or email completed form and documents to:**

**Dennis Young**

**Attn: District 5170 Foundation**

**2570 W. El Camino Real**

**Suite 150**

**Mountain View, CA 94040**

 **email: dennis@yccllp.com**

 **Mail or email completed form and documents to:**

**Rotary District 5170 Foundation**

**2570 N. First Street, Suite 200**

**San Jose, CA 95131**

 **email:** **admin@rotarydistrict5170.org**

**Subject: Fund Request-D5170 Foundation**

**Rotary District 5170 Foundation**

**Fund Request Form**

Club/Group Name: **PALO ALTO UNIVERSITY ROTARY CLUB (3150)**

[ ]  3150.1 El Salvador Relief Fund

[ ]  3150.4 President’s Club

[ ]  3150.5 Fundraising

Payable to: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Subject Line:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

501c(3): [ ]  Yes [TAX ID \_\_\_\_\_\_\_\_\_] [ ]  No

Amount: **$**

Fund Description:

Purpose of payment:

Proposed date of distribution of funds: *as soon as possible in the ordinary course of business*

 Requested by:

 Print Name (must be Club or Group President/Treasurer)

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

Date:

Allow thirty days for payments from the day the District Foundation Board Treasurer receives your request. All payments must be for charitable purposes in accordance with the Internal Revenue Code Section 501c(3). Please attach all supporting expense documents to this form. Failure to do so will result in payment delay.

***Foundation Use Only:***

Date request received:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Check number:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount of check: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailed on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Rotary International District 5170

District foundation Board