ROTARY CLUB OF NAUSET (ORLEANS)
REQUEST FOR MONETARY SUPPORT

Date: _____

Requesting Organization: _____

Address: _____

_____

Contact Person: _____

Contact Phone: _____ **Email:** _____

Amount requested: _____

Please describe *in detail* how these funds will be used:

_____

_____

_____

_____

_____

_____

Awardees are required to accept donations in person during a regularly scheduled meeting, Tuesdays at 7:00 AM at the Hearth n' Kettle Restaurant in Orleans.

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For Good Works Board Use Only

Award: Approved Disapproved Amount: _____

Chair Signature: _____ Date: _____