



**REQUEST FOR MONETARY SUPPORT  
ROTARY CLUB OF NAUSET (ORLEANS)  
P.O. Box 1846  
Orleans, MA 02653-1846**

**Date:** \_\_\_\_\_

**Requesting Organization:** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Amount requested:** \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Awardees are requested to accept donations in person during a regularly scheduled meeting at 7:00 AM. You will be invited to attend a meeting after your request is reviewed.*

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For Good Works Board Use Only

**Award:** Approved Disapproved **Amount:** \_\_\_\_\_

**Chair Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_