



Yarmouth Rotary Club

Donation Request Form (please complete form completely and return to rotaryclubyarmouth26580@gmail.com or Yarmouth Rotary PO BOX 448, South Yarmouth, MA 02664)

Agency or Group Name: _____

Address: _____

Contact person name: _____

Phone number: _____ **Email:** _____

Please provide the following information

Purpose of agency or group: _____

Services provided or need: _____

Individuals served: _____

Financial: (list other funding sources) _____

Amount requested: \$ _____ **Date of request:** _____

If approved who should the donation be payable to: _____

Describe how funds will be used: _____

Please use the lines below to share any additional information: _____

Club use only

Date received: _____ **Date reviewed:** _____

Committee recommendation Yes ___ No ___