



Cohasset Rotary Club

P.O. Box 36 • COHASSET, MA 020525

Charitable Contribution Request Form

The Cohasset Rotary asks that all organizations requesting financial support from us complete this questionnaire. We ask that your request be submitted at least four weeks in advance for proper consideration. Decisions are generally made on a quarterly basis for the following quarter. Those not providing ample time for consideration may limit their opportunity for support. Completion of this form does not guarantee that The Cohasset Rotary will be able to fulfill the request.

(Please print or type.)

Date of Request: _____

Person Making Request: _____ Phone: _____

Organization: _____

Address: _____ City, State, Zip: _____

Website: _____ E-mail _____

Information

Is this organization a 501-(c3) nonprofit agency? YES NO

Is this organization a recipient of funds from other organizations? YES NO

What is the organization's primary mission? _____

Amount Requested from Cohasset Rotary? \$ _____ Date funds needed by: _____

Total target of current fund drive? \$ _____ Date of the event: _____

How will the funds be used? _____

Will there be any advertisement or promotions featuring the Cohasset Rotary Club? YES NO

Please describe: _____

Has the Cohasset Rotary Club participated in the past? YES NO When? _____

In what way? _____

Signature of Person making request: _____

Donation Request Form - last revised 11/16/12

Please attach any additional information that will aid in our decision making process.

Office Use Only

Accepted

Denied

Date

Amount