



# 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.

<b>Office Use Only</b>	Accepted <input type="checkbox"/>	Denied <input type="checkbox"/>	Date <input type="text"/>	Amount <input type="text"/>
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