

## Request for Rotary of Barberton Club Foundation Donation (over \$100) (PLEASE ATTACH PROJECT INFORMATION)

Date:			
Requested from (Organization name or Representative):			
Phone number:	Emai	il address:	
Specific Recipient Population to be served:			
How donation will be utilized:			
Amount requested:	Need	d by (date):	
Mailing request to The Rotary Club of Barberton, P.O. Box 572, Barberton, OH 44203 Date			
Giving request to: Name of Rotarian:			Date:
Date request received:	Rotarian receiving re	equest:	
Submitted to Rotary President (date):	Prese	ented to Board (date):	
Board Outcome:	Appr	oved /Date:	
Not Approved/Date:	Reason:		
Check cut (date):	Check #:		
Check disbursed to:	Date:		
Thank-you received (date):	From:		

Outcome via thank-you note: