



DONATION REQUEST FORM

Organization's Legal Name:	
Conta	ct Person:Title:
Addre	SS:
Conta	ct's Phone: Email:
Conta	ct's Signature:
Date o	of Request:
PROJE	ECT/REQUEST
•	Title of Project or Request:
•	Amount requested: \$
•	Date needed by:
•	Description of project/request (including geographic area served) for which funds are requested (250 words or less) and attach supporting documentation, if needed.
•	Please include your budget for this project/request.
•	Please include a copy of your organizations last IRS 990 tax form.
•	How many people will this request serve?
•	How will this project/request benefit or impact those served?
•	How will funding this request benefit our local community?
•	How many volunteers are required for this project/request?
•	Please list all other community partners/organizations involved in this project/request.



How can Rotary help other than financially?



PROCESS & QUALIFICATIONS:

Requests will be reviewed by the respective Board at a regular Board meeting and requests will be reviewed at least quarterly. The Board may request a representative be present to discuss the request, if necessary. Ideally, a contract person/representative shall not be a Houghton Rotary Club Member or Board Member.

Once the respective Board has reviewed the request, the Contact person will be notified of the decision. With few exceptions, donations will be made only to support special definitive projects by a qualified organization. Funds cannot be used for political or religious purpose.

The Organization agrees to use the Houghton Rotary Club name and/or logo on its website and in the project printed marketing materials, recognizing Houghton Rotary as a donor or sponsor.

A representative of the Organization/Project will be asked to provide an update or offer a presentation (or both) to the Rotary Club at a regular weekly Rotary lunch meeting.

Forms can be mailed to:

Houghton Rotary P.O. Box 102 Houghton, MI 49931