



**Charitable
Contribution
Application**

Organization

Name			
Contact Name			
Mailing Address			
	City:	St:	ZIP:
Phone	Cell Phone:		
E-mail Address	Fax Number:		
501(c)(3) Number (if applicable)			
Amount of Request			

USE OF FUNDS: How will the funds be used? What are the goals and objectives?:

WHICH CRITERIA LISTED BELOW APPLIES TO THIS REQUEST? Explain the benefits:

SIGNATURE: _____

DATE: _____

CHARITABLE CONTRIBUTION CRITERIA (donations to organizations or groups for a particular project, event or program will be considered based on the following criteria):

- Promote health care and general welfare in the community
- Benefit children, youth and families, particularly those at risk (abuse and neglect)
- Promote literacy and numeracy in the community or internationally
- Benefit children or adults with disabilities
- Benefit elderly citizens who do not have other resources for financial, social and emotional support
- Promotes humanity issues and elimination of poverty and hunger in our community or worldwide
- Benefits areas where people are without basic levels of food, shelter or health care and where Rotary intervention can have a demonstrated impact