



DONATION APPLICATION FORM TO PALISADE SUNRISE ROTARY
Please note: all requests must be made at least 30 days before actual need.

Please complete the following and return it to: Palisade Sunrise Rotary, PO Box 366, Palisade CO 81526

NAME OF ORGANIZATION REQUESTING DONATION _____

ADDRESS _____

IS YOUR ORGANIZATION INCORPORATED? (IF SO, YOU MAY BE REQUIRED TO PROVIDE YOUR IRS NUMBER)

YES _____ NO _____

DO YOU HAVE A ROTARY SPONSOR (OPTIONAL)? YES ____ NO ____

IF YES, PLEASE PROVIDE NAME AND NAME OF MEMBER'S CLUB _____

APPLICANT'S NAME _____ TITLE _____

PHONE NO (S) _____ WEB SITE ADDRESS _____ Email _____

DONATION SOUGHT _____ NEEDED BY (DATE) _____

HOW WILL THIS DONATION BE USED (FOR WHAT ENDEAVOR)?

WHAT IS THE TOTAL BUDGET FOR YOUR ENDEAVOR?

HOW DO YOU PROPOSE ACKNOWLEDGING THIS DONATION, IF APPROVED?

ADDITIONAL COMMENTS - YOU MAY ALSO INCLUDE BROCHURES, INFORMATION ABOUT YOUR ORGANIZATION, HANDOUTS, ETC., WITH THIS APPLICATION.

In making this application for a donation from Palisade Sunrise Rotary, I agree, as, or on behalf of the applicant, that the funds requested will only be used for the purpose described, and that if the funds are not so used, they will be returned immediately to Palisade Sunrise Rotary. I also understand and agree that within 6 months after receiving this donation, if approved, I will provide a report of the success, or lack of, our endeavor, and specifically how our donation was used.

Signed: _____

Date: _____

To be used by Palisade Sunrise Rotary only

Status: APPROVED / REJECTED / PENDING

Approval Date: _____ Amount Approved _____

Comments: