



# Faribault Rotary Club

## DONATION REQUEST LETTER

Today's Date: \_\_\_\_\_

Name of Organization/Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Does Your Organization have a Rotary Club Member: Yes No N/A

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Dollar Amount Requested and date when funds are required: \_\_\_\_\_

Check Made Payable To: \_\_\_\_\_

Address to Send Check or Items To: \_\_\_\_\_

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The Faribault Rotary Club has a focus on supporting youth. Does your request have an impact on the youth of our community?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How does your request support our Rotary 4-Way Test: Is it the Truth? Is it Fair to all concerned? Will it build goodwill and better friendships? Is it beneficial to all concerned:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How many people will this request impact/benefit: \_\_\_\_\_ # of Youth: \_\_\_\_\_

What other sources of funds have you obtained:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Please submit form or contact Club President Jake Cook with questions: [jake@cwsfbo.com](mailto:jake@cwsfbo.com)

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\_\_\_\_\_ Approved for the Amount of: \_\_\_\_\_

\_\_\_\_\_ Denied

\_\_\_\_\_ Date Reviewed by the Board