

Funds Request Application

Date: _____

Organization/person making request: _____

Street address: _____

City: _____ State: _____ Zip: _____

Not-for-profit organization: YES NO

Amount requested: \$ _____ When are the funds needed? _____

Contact person: _____

Phone: _____ Email: _____

Briefly describe the purpose for which the funds will be used: _____

Would a representative be willing to present a program to our Club regarding this request and say a few words about the organization/project? YES NO

If approved, who should the check be made payable to? _____

Where is the check to be delivered? _____

Board Use Only	Presented to the Board date: _____
Funds Approved YES <input type="checkbox"/> Failed <input type="checkbox"/>	Amount approved \$ _____
Date delivered to Treasurer _____	Date check delivered/Mailed _____