



## **CHARITABLE DONATION REQUEST INSTRUCTIONS**

Each year, The Waunakee Rotary Club makes charitable donations to a variety of worthwhile organizations, groups, and non-profits. Requests for donations must be made for a specific purpose. Any organization is eligible to apply for consideration of a donation, provided they meet specific guidelines that fit the object of Rotary International, and our motto of "Service Above Self".

Donation requests will be considered for the following:

- **Arts & Culture** – Support to broaden public exposure to cultural events and ideas.
- **Civic** – Support for programs and activities that benefit a broad range of citizen's interests.
- **Education** – Support for primary, secondary, and higher education institutions and programs.
- **Youth & At-Risk** – Support for young people involved in citizenship or personal development activities that are simultaneously beneficial to the community.
- **Special Needs** – Support for programs and activities that serve children and/or adults with Special Needs.
- **Other** – Any requests that are deemed appropriate by the Waunakee Rotary Club Board of Directors.

Funding will be approved on a quarterly basis by the Waunakee Rotary Board of Directors as follows:

- Requests received Dec 1 – Feb 28 will be reviewed at the March BOD meeting.
- Requests received Mar 1 – May 31 will be reviewed at the June BOD meeting.
- Requests received Jun 1 – Aug 31 will be reviewed at the September BOD meeting.
- Requests received Sep 1 – Nov 30 will be reviewed at the December BOD meeting.

*Past support of an organization is not a guarantee of future support. Please do not rely on donations from year to year, as we like to help a wide variety of causes. **Donations are limited to one per calendar year per organization, although larger approved requests may be split into separate contributions.***

To apply for a charitable donation, please complete the attached application form completely, and include any additional documentation that you feel is pertinent. **Missing or inaccurate information may lead to your request being denied.**

When complete, the completed contribution application form and the financial documentation should be mailed (or emailed) to the Waunakee Rotary Club to be considered. The Club mailing address is:

**Waunakee Rotary Club  
c/o Jim Elvekrog, Treasurer  
PO Box 159  
Waunakee, WI 53597**

Questions about any aspect of the above or the completed form may be emailed to: [waunakeerotary@gmail.com](mailto:waunakeerotary@gmail.com)  
Organizations selected for a donation may be invited to send a representative to a Club meeting to receive the contribution in person.



**CHARITABLE DONATION REQUEST**

**ORGANIZATION INFORMATION**

Individual/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization Website/Social Media: \_\_\_\_\_

Are you Government a Non-Profit Organization? YES  NO

Are you recognized by the IRS as a 501(c)(3)? YES  NO

If yes, what is your IRS 501(c)(3) number: \_\_\_\_\_

Please identify the organization's activities, goals and objectives:

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

**PROJECT INFORMATION**

Date of Event: \_\_\_\_\_ Date Funds needed by: \_\_\_\_\_

Total cost of project: \$ \_\_\_\_\_ Amount requested from Waunakee Rotary: \$ \_\_\_\_\_

Time span of project: From \_\_\_\_\_ to \_\_\_\_\_ (Dates and/or Times)

Specific location of project (city/community) that the requested funds will benefit/be spent in:

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

Names of other sources of funds (including government agencies being pursued) and amount requested from each source:

Name of other source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of other source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of other source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

How will you recognize/publicize Waunakee Rotary's gift, if one is forthcoming?

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If applicable, list other known programs that address or provide a similar need to your organization. Explain your efforts to collaborate with these similar programs or services:

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Is any member of Waunakee Rotary involved in your organization? YES  NO

If yes, whom: \_\_\_\_\_

**AUTHORIZATION**

*I certify that I have the authority to request funds from the Waunakee Rotary Club on behalf of the above organization. I understand that the Waunakee Rotary may, at their discretion, publicize the fact that funds have been contributed to the organization or individual and the purpose of the funding. Any form of media may be used by the Waunakee Rotary at their discretion and may include the use of pictures and the name of the applicant or the individuals benefiting from the contribution.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_