

THE ROTARY CLUB OF MOSGIEL

P O Box 306
Mosgiel 9053



District 9980
Charter No. 4827

"Service Above Self"

Funding Application

Name: _____

Address: _____

Telephone: () _____ Email: _____

State the purpose for which assistance is requested:

List the objectives of the project/activity:

Timing of Project / Activity:

Total Cost \$ _____

Amount sought from the Rotary Club of Mosgiel \$ _____

Please list contributions already received from other sources

Personal / Family Contributions \$ _____

\$ _____

\$ _____

Have you sought from other sources funds for the same purpose but have yet to receive a response? Yes /No

If "Yes", please list them including a contact phone number and the amount applied for where applicable:

Source	Amount	Contact Phone #
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please attach a deposit slip or screen shot with your bank account name and details.

Not applicable

Signed _____

Witnessed/Verified By: _____

Phone: _____

I accept that if successful, Mosgiel Rotary Club may use your name and project in publicity and media material