*Revised 7/24/24*

**Rotary Club of Ankeny Evening Donation Request**

 **Club Donation**

**1. Name of organization that will receive the funds.**

a. Organization Name:

b. Address:

c. City, State, Zip:

d. Contact Person:

e. Contact’s Phone: f. Contact’s E-mail:

g. Federal Tax ID Number (If Non-Profit Org):

**2.** **Donation amount requested:**

**3. Purpose of Donation. Describe the following:** a. The project name:

b.The goals and objectives of the project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

c. How the funds will be used:

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

d. Number of people served:

e. Community(s) to be served:

f. Recognition to be given to Rotary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Date funds are needed:**

**5. Rotary Club of Ankeny Evening member sponsor:**

 *Signature of Applicant*

**Rotary Club of Ankeny Evening**

**Board Action**

 *Signature of President*

 *Date*

**Approved – Amount:** $

**Declined**

 *Date*