

# Contribution Request

San Marcos Kiwanis  
P.O. Box 1390  
San Marcos TX 78667

Name of Organization (Group making request.)

Mailing Address (Include phone number, contact person and e-mail address.)

Date of Request: \_\_\_\_\_ When do you need the funds? \_\_\_\_\_

Person Making Request:

Amount of Request: \_\_\_\_\_

For (Purpose of Funds): \_\_\_\_\_

Describe in detail purpose of requested funds on an attached sheet. In your description please address the following:

- How does it help youth?
- How will the funds benefit San Marcos and surrounding communities?
- Will this request be an annual event or one time only?
- Have you made this request previously to San Marcos Kiwanis and if so when?
- Have we funded this before? (Amount and date/s or years)
- Have you or your organization presented programs to the San Marcos Club regarding this cause/event and if so when? If you have not made a presentation, would you?
- Can you (your organization) come back and make a presentation to the Kiwanis Club, if requested, to report on how contribution helped to accomplish its purposes?
- Are other organizations and groups participating in helping to fund this cause/event? If so please name the primary contributors and the approximate amount of their donation.

Please attach no more than one page to describe purpose of funds and present or mail this request to Kiwanis President or Kiwanis Community Services Committee. The San Marcos Kiwanis Board will consider your request at their monthly board meeting. If your request is honored, a Kiwanis check can be mailed to address you provided above.