

# Contribution Request – Kiwanis Member Form

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

Date of request: \_\_\_\_\_ Date funds needed: \_\_\_\_\_

Kiwanis member making request: \_\_\_\_\_

For what organization the request is being made: \_\_\_\_\_

Is the donation being mailed to the organization? Yes \_\_\_\_\_ No \_\_\_\_\_

Is the the donation being given to recipient at a Kiwanis meeting? Yes \_\_\_\_\_ No \_\_\_\_\_

Organization's contact person: \_\_\_\_\_

Organization's mailing address: \_\_\_\_\_

Organization's or contact's email address: \_\_\_\_\_

Organization's or contact's phone number: \_\_\_\_\_

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

Supplemental information provided by member:

- 1) Have you made this request before? Yes \_\_\_\_\_ No \_\_\_\_\_
- 2) Has Kiwanis donated to this organization before? Yes \_\_\_\_\_ No \_\_\_\_\_
- 3) If Kiwanis has made previous donations, how much was given? \_\_\_\_\_
- 4) Has this organization presented programs to the Kiwanis Club? Yes \_\_\_\_\_ No \_\_\_\_\_
- 5) If not, have you asked them to present? Yes \_\_\_\_\_ No \_\_\_\_\_
- 6) If a donation is approved, will the organization be able to come to a meeting to report on how the contribution was used? Yes \_\_\_\_\_ No \_\_\_\_\_

On a separate sheet, please describe the purpose of the requested funds and how that organization benefits San Marcos, surrounding communities and, in particular, the youth.

Please provide as much information as possible to help the Community Support Committee make an informed decision. Give this form and supplemental information to the Kiwanis President or the Community Support Committee's Chairperson at least two weeks prior to the monthly Board meeting with that Board meeting date depending on when you want the donation to be awarded.