

## **Donation Request**

Name of Organization			
Type of Organization			
Contact Person		Phone	
Email Address			
Address	City	State Zip	
Project Name			
Project Location			
Donation Requested	Total Project Cost	Matching Funds (if any)	
Who Will Benefit from This Donation			
What the Donation Will Be Used For (ple	ase be specific)		
How will you recognize Oakhurst Sierra	Rotary for Their Donation?		
Signature		Date	
<ul> <li>Please include the following attachments</li> <li>Detailed Description of Project</li> <li>Detailed Project Budget or Proje</li> <li>Pictures of existing structure the</li> <li>Plans of replacement or repairs</li> </ul>	ected Cost of Project e funds are intended to replace or rep	air, if applicable	
	s form, attach all supporting documen Email to – OakhurstSierraRot il to – Oakhurst Sierra Rotary, PO Bo:		
The Board of Direct	Incomplete forms will not be revi tors meets once a month, we will co	iewed or considered. ontact you within 5 weeks of your request.	