

VANG COUNCIL OF LA CROSSE DONATION REQUEST FORM

Vang Council of La Crosse (VCL) is committed to supporting causes that improve the quality of life for the residents of the La Crosse County. In order to fairly distribute our donation budget, we limit one donation per organization with a calendar year. Due to the large amount of requests we received we may not be able to notify those we are unable to accommodate. We will review your request as soon as possible and you will be notified upon its status results.

Request must be received by the 3rd Wednesday of the month to be reviewed by the committees and must be 30 days prior to your event/project.

Please make sure your proposal includes the following information:

- 1. All business, organization, or non-profit must provide a copy of the determination letter from the IRS.
- 2. Description of your mission and major accomplishments.
- 3. Provide a donation letter.

REQUESTOR'S INFORMATION				
Business/organization's name:		Today's date:	Today's date:	
Requestor's name:		Position:		
Address:	City:	State:	Zip:	
Same as mailing address: $\ \square$ Yes, skip mailing address or $\ \square$ No, provide mailing address below				
Mailing address:	City:	State:	Zip:	
Phone number:	Ema	nil:		
Tax Status: ☐ Non-Profit ☐ Business	□ N/A Tax IE)#:		
Amount request: \$ To whom should the check be made payable to:				
DONATION REQUEST INFORMAT	ION			
Name of your event/project:	ject: Event/project date:			
Describe the specific of the event/project:				
How will this funding be used?				
What kind of advertising/signage and recognition will VCL received?				
Requestor's signature:		Date:		
VCL OFFICAL USED ONLY				
Date Received:	Date	Reviewed:		
Request Status:	Amount	approval: \$		