

KIWANIS CLUB OF STILWELL DONATION REQUEST FORM

DATE: _____

PLEASE SUBMIT TWELVE (12) COPIES OF FINANCIAL STATEMENTS AND COMPLETED REQUEST FORMS

NAME OF ORGANIZATION

NO. OF CHILDREN BENEFITTED & AGES

TYPE OF ORGANIZATION (Non-Profit, School Club, Etc.)

AMOUNT REQUESTED

MAILING ADDRESS

IF YOU HAVE RECEIVED A DONATION IN THE PAST,
LIST AMOUNT _____
AND LAST YEAR RECEIVED _____

LIST ALL BOARD MEMBERS OR RESPONSIBLE OFFICIALS

DESCRIBE HOW DONATION WILL BE USED TO BENEFIT CHILDREN

LIST ALL FUNDING SOURCES AND AMOUNTS UNLESS INCLUDED IN FINANCIAL STATEMENTS

SIGNATURE OF PERSON REQUESTING FUNDS: _____ PHONE NO. _____

IF DONATION REQUEST IS APPROVED, TO WHOM SHALL THE CHECK BE ADDRESSED AND MAILING ADDRESS IF DIFFERENT FROM ABOVE

DO NOT WRITE BELOW THIS LINE -- KIWANIS CLUB USE ONLY.

DENIED ---- YES OR NO
APPROVED AMOUNT _____
DATE OF MEETING _____
PROGRAM PRESENTED ---- YES OR NO
DOES REQUEST MEET KIWANIS OBJECTIVE ---- YES OR NO

DATE PAID AND CHECK # _____
SIGNATURE OR TREASURER _____
SIGNATURE OF CLUB SECRETARY _____
SIGNATURE OF CLUB PRESIDENT _____