



Fray Garces
Co. 1830

PLEASE ATTACH ANY SUPPORTING DOCUMENTATION TO REAR

Date of Request _____

Knights of Columbus Charity Request Form

Requesting Individual or Organization: _____

Contact Info: _____

Request Details

- FUNDS \$ _____
- TIME _____ hours
 - Where _____
- Purpose of Request _____
- When are funds or time needed? _____

Justification for Request

- Why is this needed? (importance of request and impact it will have)

- Who will benefit from this support? _____
- Have you requested from the Knights of Columbus before? YES NO
- Have you received donations from other organizations? YES NO
- How much has been raised for this initiative so far? \$ _____

KNIGHTS USE ONLY

Comments

Grand Knight _____

PRINT

SIGN

DATE

Fray Garces Treasurer _____

PRINT

SIGN

DATE