

“Service Above Self”



Rotary Club of Florence

Charitable Donation Request Form

In order to consider your request for funds, please complete the form below and return it to the Rotary Club of Florence as soon as possible. We will consider all requests at our board meetings and notify the applicant as soon as possible thereafter.

Rotary is a service organization and our principal focus is to offer direct support for your program or project.

Contact Name _____

Contact Daytime Phone: _____

Contact e-mail: _____

Name of your agency or organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Is your organization Incorporated as a Non-Profit in Oregon? _____yes_____no

Has the IRS granted your organization 501(c) (3) tax-exempt status? _____yes_____no

Your IRS Tax Identification Number is: _____

Are gifts to your organization considered tax deductible by the IRS? _____ yes _____ no

What is the nature of your organization? _____

For what project or program are you requesting funds? _____

Amount you are requesting? _____

What is the total amount needed for your project? _____

Have you requested funds from other organizations for this project? ___yes___ no

Funds granted? ___ yes ___ no

What is your timeline for completion of this project? _____

How will these funds be used in direct support of your program or project? _____

Besides funds, have you received other donations for this project/program? ___X___yes _____ no

What were these donations? _____

How long has your organization been in operation? _____

Approximately, how many people will this project help? _____

Please attach to this form any promotional information you may have.

Date the board reviewed request: _____. Outcome: _____

Check # _____ Amount: \$ _____ Date Distributed: _____ Date of letter: _____

Authorized Signature: _____ Title: _____

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