

Charitable Donation Request

Name of your Agency/Organization: _____

Mailing Address: _____

Contact Name: _____

Contact Email: _____

Contact Daytime Phone: _____

Service Objective and Focus Areas. The Rotary Club of Florence is a non-profit, service organization whose objective is to encourage and foster the ideal of service as a basis of worthy enterprise. Our club also supports Rotary International's *seven areas of focus*: supporting education; growing local economies; protecting the environment; promoting peace; fighting disease; providing clean water, sanitation and hygiene; and saving mothers and children.

Step-By-Step Process. To consider your request for funds, please complete this form and return it with other supporting documents to the Rotary Club of Florence, P.O. Box 294, Florence OR 97439 or email to bob.teter@gmail.com as soon as possible. We will consider all requests at our monthly Board of Directors meetings and notify applicants of our decisions as soon as possible thereafter.

Organizational Information

What is your organization's mission? _____

How many years has your organization been in operation? _____

Is your organization incorporated as a non-profit in Oregon? Yes _____ No _____

If your organization has tax-exempt status, please provide your tax ID number: _____

Are donations to your organization considered tax deductible by the IRS? Yes _____ No _____

Project/Program Information;

For what project or program are you requesting funds? _____

Please describe the project/program goals, objectives, activities and expected results. _____

How many individuals/groups/communities will benefit from this project/program? _____

What is the timeline for completion of the project/program? _____

Please explain how this project/program will help further one or more of the seven areas of focus listed on page one. _____

Financial Information

What is the total cost of this project/program? _____

Of this amount, how much is being requested from the Rotary Club of Florence? _____

How much is being requested from other donor(s)? _____

Of this latter amount, how much has been secured to date? _____

Please provide a basic budget that reflects how much will be required, if anything, to cover the costs of: personnel, equipment, supplies, local travel/transportation, and other costs.

Finally, please attach any promotional information you may have.

Thank you,

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|--|-------------------------------------|
| <i>Date the board reviewed request:</i> _____ | |
| <i>Outcome:</i> _____ _____ | |
| <i>Check #</i> _____ | <i>Check Amount \$</i> _____ |
| <i>Date Distributed</i> _____ | <i>By Whom:</i> _____ |
| <i>Authorized Signature</i> _____ | <i>Title</i> _____ |

Contact Information: Rotary Club of Florence ~ P.O. Box 294 ~ Florence, OR 97439