

CHARITABLE DONATION REQUEST FORM

All of the following information is required in order for Puyallup Rotary to consider your request.

Amount Requested: _____

Organization: _____ Date: _____

Organization's Contact Person: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Email Address: _____

Please make sure your proposal includes the following information:

A description of your organization, including its mission and major accomplishments

Contact person's relationship to the organization:

Member of Club _____ Employee/Volunteer for organization requesting _____

What services are rendered by your organization? _____

How will this donation be used?

What kind of advertising/signage or recognition will Puyallup Rotary receive, if any?

How does your organization support the Puyallup Rotary?

Volunteer at Events _____ Attend Events _____ Advertise for Events _____

Partner in Community Efforts _____ Member of Club _____ Other: describe _____

To whom should the check be made payable? _____

Signature of Organization's Officer: _____

****Within 60 days following the event, please provide a letter or program showing how funds were used and the impact. To schedule time to speak to the Puyallup Rotary Club please contact current President.**

Internal Use Only

Req. Date: _____ Date of Review: _____ Approved: _____ Denied: _____

