

Rotary Club of Lake Ozark

Sponsorship Donation Request Form

**Tell us about your Organization:**

Organization Name: Click or tap here to enter text.

Address (Street and Mailing): Click or tap here to enter text.

Phone: Click or tap here to enter text. Fax: Click or tap here to enter text. Email: Click or tap here to enter text.

Website: Click or tap here to enter text.

Tax ID: Click or tap here to enter text.

Name and Title of Contact Person: Click or tap here to enter text.

Address (if different from above): Click or tap here to enter text.

Phone: Click or tap here to enter text. Fax: Click or tap here to enter text. Email: Click or tap here to enter text.

**Is this Organization?**

A 503(c) 3 organization non profit? [ ]  YES [ ]  NO

A local chapter of a national charity? [ ]  YES [ ]  NO

**What does your organization focus on?**

[ ]  Youth Athletics and Development

[ ]  Healthcare and Human Services

[ ]  Education

[ ]  Job Development

[ ]  Housing

[ ]  Programs for at-risk youth or low to moderate income individual or families

[ ]  Performing arts & cultural activities

[ ]  Environmental & preservation programs

[ ]  Other

**Please tell us about the requested donation**

Name and brief description of the program or project for which you are requesting

funding and how the community will benefit from it:

Click or tap here to enter text.

**Has this organization ever received donation money from Lake Ozark Rotary?**

**If so, please provide details (how much, when, what purpose)**

Click or tap here to enter text.

**Has this organization received any proceeds from any other Rotary**

**organization in 2018 or 2019? (If yes, please provide details)**

Click or tap here to enter text.

**Age group served (youth, seniors, etc.)** Click or tap here to enter text.

**Estimated number of people who will benefit from this contribution**

Click or tap here to enter text.

**Amount of annual budget:** Click or tap here to enter text.

**Percent of money received going towards fundraising & administrative**

**costs:** Click or tap here to enter text.

**Amount of request $**Click or tap here to enter text.

**Will Lake Ozark Rotary be recognized for this donation and if so how?**

Click or tap here to enter text.

**Key Information:**

* **Name and date of the event/program:**

Click or tap here to enter text.

* **Date by which funds/donated item needs to be received:**

Click or tap here to enter text.

Signature of applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your application will not be considered without the following items:

* Copy of 501(c) 3 classification from IRS
* Projected budget for program or project, showing sources of funding & expenses

Please send request to: Central Bank of Lake of the Ozarks

c/o Vervia Mahurin

PO Box 207

Osage Beach, MO 65065

Email: Vervia.mahurin@centralbank.net