

**GULL LAKE AREA ROTARY CLUB  
DONATION REQUEST FORM**

Purpose of Donation or Name of Project:		Requester Name & Telephone No.	
Request Date:	Request Amt:	Date Needed:	
What other sources of funding will be used for this request?			
Name of organization that will manage the funds:		Contact Name & Telephone No. (if different than the requester)	
What person or organization will be the beneficiary of the results of this donation?			
Describe briefly how our donation will benefit the person or organization.			
When do you expect the project to be completed?			
How will the results be reported to the Gull Lake Area Rotary Club and by whom?			
<b>The information below is to be completed by a Rotarian.</b>			
Circle the area of service and list the chairperson who will follow up on the request.			
1. Club Service			
2. Community Service			
3. Vocational Service			
4. International Service			
____ Rejected Reason: _____ _____			
Approved	Amount Approved	Date	