



DONATION REQUEST FORM

PLEASE PRINT

•Request Should be submitted at least 4-6 weeks in advance of an event to allow time for review.

Date:

ORGANIZATION INFORMATION

Name of Organization	EIN/Tax ID#	501(c)3 Status
Mailing Address	City	State/Zip
Phone	Website	Contact Email

Has this organization received a donation before from the Sykesville South Carroll Rotary Club? yes no If yes, when? _____

EVENT INFORMATION

Event Name	Date of Event	Location of Event
Purpose of the Event		
How will monies raised be used?		
How will the Rotary donation be used?		
Area/Community the event will serve	Expected number of attendance	Request Deadline

Mail or fax this completed form:

Sykesville-South Carroll Rotary Club
PO Box 188
Sykesville, MD 21784

Fax: 443-276-6814

FOR ROTARY CLUB USE ONLY

Date Received:	Donation:	Notes:
Status:	Check #	
Authorized by:	Delivered:	