



Date of application: _____

Kiwanis Club of Florence Donation Request Form

Organization Information

Name of organization

Legal name, if different

Address

City

State

Zip

Phone

Fax

Web site address

Name of contact

Title

Phone

Email

Name of board chair, president, or residing officer

Title

Phone

Email

Proposal Information

Please construct a 3-4 sentence summary of the request:

Funds are being requested for (check the one or more that best fits your program or project):

☐ General

☐ Operating support

☐ Start-up costs

☐ Capital

☐ Program/project support

☐ Technical assistance

☐ Other (please specify)

Project dates: _____ Fiscal year end: _____

Budget

Dollar amount requested:

\$ _____

Total annual organization budget (copy attached)

\$ _____

Total program or project budget (copy attached)

\$ _____

Authorization

Name of the board chair, president, or presiding officer: _____

SIGNATURE _____ DATE _____