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 _____

Kiwanis focuses on serving children around the world so that future generations will thrive.
SERVING THE CHILDREN OF THE SHOALS
eMail completed form, by AUGUST 31st, to KiwanisClubFlo@gmail.com