



## **REQUEST FOR DONATION FORM**

Rotary Club of Escanaba  
8599 M.5 Road  
Gladstone, MI 49837  
covalencic@charter.net

Each year The Rotary Club of Escanaba makes charitable donations to a variety of worthwhile organizations, groups, and non-profits. Requests for donations must be made for a specific purpose. Any organization is eligible to apply for consideration of a donation, provided they meet specific guidelines that fit the Object of Rotary International, and our motto of "Service Above Self."

### **Donation Requests will be considered for the following:**

- **Arts & Culture** - Support to broaden public exposure to cultural events and ideas.
- **Civic** - Support for programs and activities that benefit a broad range of citizen's interests.
- **Education** - Support for primary, secondary and higher education institutions and programs.
- **Youth & At-Risk** - Support for young people involved in citizenship or personal development activities that are simultaneously beneficial to the community.
- **Special Needs** - Support for programs and activities that serve children and/or adults with Special Needs.

To apply you will need to complete the attached charitable contribution application form (please add any additional documentation if needed). Please make sure the following specific information has been fully completed on the form:

- **Full Name of Requesting Organization**
- **Full Mailing Address of Requesting Organization**
- **Tax ID Number (if applicable) of Requesting Organization**
- **Contact Phone and/or Cell Phone Numbers and Email Address of contact**  
(please indicate if this contact is different than the signee)

When complete, the completed contribution application form and the financial documentation should be mailed (or e-mailed) to the Rotary Club of Escanaba to be considered. The Club mailing address is:

**Rotary Club of Escanaba  
ATTN: Fund Disbursement  
8599 M.5 Road  
Gladstone, MI 49837**

Questions about any aspect of the above or the completed form(s) may be emailed to: [covalencic@charter.net](mailto:covalencic@charter.net) Organizations selected for a donation may be invited to send a representative to a Club Meeting to receive the contribution in person.

## Escanaba Rotary Charitable Contribution Application Form

**ORGANIZATION INFORMATION:**

Individual/Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Contact Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you considered a Non-Profit Organization? YES [  ] NO [  ]

Are you recognized by the IRS as a 501(c)(3)? YES [  ] NO [  ]

If Yes, IRS 501c3 Number \_\_\_\_\_

Please Identify Individual/Organization's Activities, Goals and Objectives:

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**PROJECT INFORMATION:**

Specific Location of Project (where requested funds will be spent):

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Total Cost of Project: \$ \_\_\_\_\_ Amount Requested from Escanaba Rotary: \$ \_\_\_\_\_

Time Span of Project: From \_\_\_\_\_ to \_\_\_\_\_

Names of Other Sources of Funds (Including government agencies being pursued) and amount requested from each source:

Name of Other Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Name of Other Source: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

How will you recognize/publicize Escanaba Rotary's gift, if one is forthcoming?

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If applicable, list other known programs that address or provide a similar need to your organization. Explain your efforts to collaborate with these similar programs or services:

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Is any member of the Escanaba Rotary involved in your organization? \_\_\_\_\_

If yes, whom: \_\_\_\_\_

**AUTHORIZATION**

*I certify that I have the authority to request funds from the Escanaba Rotary Club on behalf of the above organization. I understand that the Escanaba Rotary may, at their discretion, publicize the fact that funds have been contributed to the organization or individual and the purpose of the funding. Any form of media may be used by the Escanaba Rotary at their discretion and may include the use of pictures and the name of the applicant or the individuals benefitting from the Contribution.*

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_