

CHARITABLE DONATIONS REQUEST FORM

Organization: _____ Date: _____

Organizations Contact Person _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Phone Number: _____ Contact Email: _____

Organization Email: _____ FEIN/EIN # _____

Contact Person's Relationship to the Organization: Employee _____ Volunteer _____ Paid Worker _____

What services are rendered by your organization? _____

Your organizations mission. Major accomplishments. _____

How will this donation be used? _____

To whom should the check be made payable to? _____

Amount requested: _____

Signature of Organization's Officer: _____

Internal Use Only:

Charitable Committee Review

Date of Review: _____ Approved: _____ Denied: _____ Pending additional information: _____

Homosassa Civic Club Board of Directors Review

Approved _____ Denied _____

Date: _____ Director name (printed) _____ Director Signature _____