

Visalia Breakfast Rotary Club Attention: Donation Request

P.O. Box 2578 Visalia, Ca 93279-2578

www.vbrotary.org

DONATION REQUEST FORM

The Visalia Breakfast Rotary Club is dedicated to helping meet the needs of its local community in line with the principles of Rotary and our Club's Bylaws. All donation requests will be reviewed **monthly** unless an "Emergency Need" request is made which will be reviewed on an as-needed basis. All approved requests will be paid by **check only**. Please fill out this form **completely** and return to the address listed above. Type or print legibly with blue or black ink. Please be advised that requests for political contributions or donations to political causes will not be considered.

Check One:

General Donation Request (if awarded, should be considered a one-time gift and should not to be anticipated on a
continuous basis.)
Emergency Need Request (up to \$500 unless otherwise approved by the Board of Directors)

Date of request:	Amount requested:			
Name of Organization:	Phone:			
Address:	City/Zip:			
Name of person requesting donation:	Phone:			
Position with Organization:	E-mail Address:			
Are you authorized to request funds on behalf of the organization?				
Is the Organization a tax exempt 501(c) 3 non-pr	ofit? 🛛 Yes 🔲 No 🛛 Tax ID No:			
Describe how donation is to be used (If this is for Please be specific! (Attach additional sheets if not	an Emergency Request, please explain circumstances) ecessary):			
Briefly describe the Organization's primary purp available):	ose/mission (Attach brochures, pamphlets, if			
Name(s) of Rotarian(s) from The Visalia Breakfa	st Rotary Club affiliated with this Organization (if any):			
Has this Club given to your Organization in the p	previous 12 months? 🗌 Yes 🗖 No			
What other local sources of funding are available to support the project?				

By signing below, I (We) affirm that the information being provided is true and correct to the best of my (our) knowledge. I (We) also consent, should a donation be awarded, to the use of the Organization's name and other information, logo, photos of the Organization and its agents, etc. in any promotional material generated by The Visalia Breakfast Rotary Club for their use. I (We) also consent to creating a Public Service Announcement (PSA) about the donation for local news outlets if so requested by the Club. If a donation is awarded, I (We) also agree to have a representative from the Organization attend a Rotary Club meeting to formally receive the donation, if schedules permit. I (We) also agree to provide a Tax Acknowledgement Letter for any donation given and provide evidence of our 501(c)3 status, if so requested by the Club. I (We) agree that this form and any additional information provided to The Visalia Breakfast Rotary Club about the Organization will be kept and not returned regardless of whether or not the request for donation is approved or declined.

Signature:	Title of requestor:
Make check payable to:	
Name/Address to be mailed to (if applicable):	

FOR ROTARY USE ONLY				
Date reques	t received:	Received By:		
Board of Di	rectors			
□Approve	Decline	Amount Awarded: \$	Date:	
☐ Mailed		Picked up by:	Date:	
Rotary Meeti	ng Date for Preser	ntation:		