



Walker Rotary Club

ROTARY DONATION REQUEST FORM

Date Requested ____/____/____ Amount Requested _____ Funds Needed by ____/____/____

Organization Name: _____

Address: _____

City / State: _____

Contact Person: _____ Phone#: _____

Purpose of funding (be specific) _____

Demographics of people served / impacted by project:

Served: _____ Age range of people served: _____

Rotary focuses on several areas of service. Please check each area of service that your project impacts:

- | | | | |
|--|-------------------------------------|--|----------------------------------|
| ☐ Education | ☐ Literacy | ☐ Community Service | ☐ Youth |
| ☐ Health & Safety | ☐ Vocational | ☐ Family | ☐ Seniors |

Additional information you wish to provide regarding donation request: _____

All donation requests will be reviewed at the monthly board meeting on _____

Please submit request by _____ or request will not be addressed until the next monthly meeting.

Authorized Representative

____/____/____

Date