

# ROTARY CLUB OF FORT MYERS SOUTH CONTRIBUTION REQUEST

(Please print and complete this form, and give to any club board member)

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

Address: \_\_\_\_\_  
Street City State Zip

Contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

Funds are being requested for:

Purpose of this request? \_\_\_\_\_

Benefits Rotary South should consider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(please provide any additional information the Club should consider)

Club contact name: \_\_\_\_\_

Amount requested: \$ \_\_\_\_\_

Is this a one time request?  Yes  No

If not, frequency: \_\_\_\_\_

Has Rotary South supported this in the past?  Yes  No

When last funded? Date: \_\_\_\_\_

Date funding is needed? Date: \_\_\_\_\_

**(Please provide proof of 501(c)(3) status)**

## For Board Use Only

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Date Received: Date: \_\_\_\_\_

Funding will be from: Club: \_\_\_\_\_

Foundation: \_\_\_\_\_

Budgeted Item?  Yes  No

Board Action \_\_\_\_\_

Denied \_\_\_\_\_

Pending other action \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_