

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

Date Received: Date: _____

Funding will be from: Club: _____

Foundation: _____

Budgeted Item? Yes No

Board Action _____

Denied _____

Pending other action _____

Notes: _____
