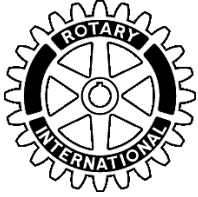


# *Rotary Club of Chittenango, NY*

## *Request for Financial Support*



Due to the number of requests the Rotary Club of Chittenango receives for charitable contributions, and in order to give all requests fair consideration, we ask that the following form be completed and submitted for consideration of donation and/or sponsorship. Our Board of Directors reviews requests monthly. Requests will be considered based on need, our budget and alignment of our philosophy and mission to your organization or project.

All individuals, groups or organizations requesting a financial donation from the Rotary Club of Chittenango must provide the following information to the club's Board of Directors for consideration. The larger the amount of financial support requested, the greater the detail required. All answers must be complete and legible, attach additional documentation if necessary.

This completed form may be mailed to:

**Rotary Club of Chittenango**  
**P.O. Box 335**  
**Chittenango, NY 13037**

Name of group or organization: \_\_\_\_\_

Is the organization tax-exempt: YES  NO  if yes, furnish proof of status.

What is it that you are requesting (financial donation, hands-on help, etc.)? \_\_\_\_\_

\_\_\_\_\_

How much money are you requesting from our Rotary club? \_\_\_\_\_

Reason for the request: \_\_\_\_\_

\_\_\_\_\_

Specifically how would the money be used, other funding sources and overall plan: \_\_\_\_\_

\_\_\_\_\_

Date you would require the money: \_\_\_\_\_

Name of Rotarian, if any, involved in the project: \_\_\_\_\_

Rotary Club of Chittenango, NY  
Request for Financial Support

Evidence of community support: \_\_\_\_\_  
\_\_\_\_\_

Describe the benefits of the project or program: \_\_\_\_\_  
\_\_\_\_\_

Other organizations, if any, have you contacted for financial support, and their response:  
\_\_\_\_\_  
\_\_\_\_\_

Is any person connected to your organization or a close relative of someone in your organization going to benefit financially because of completion of this project or establishment of this program? YES  NO

If so, who and how? \_\_\_\_\_  
\_\_\_\_\_

Do you agree to provide a report to the Rotary Club of Chittenango when your project or program is completed or established? YES  NO

This Request for Financial Support must be sworn to or attested under penalty of perjury.

\_\_\_\_\_  
(signature in ink, not a photo copy)

\_\_\_\_\_  
(position in the requesting organization)

\_\_\_\_\_  
(mailing address)

\_\_\_\_\_  
(phone number)

\_\_\_\_\_  
(e-mail address)

Received: \_\_\_/\_\_\_/\_\_\_ Rotary club signature: \_\_\_\_\_

Action taken: \_\_\_ approved \_\_\_ rejected

Rotary club signature: \_\_\_\_\_

Rotary Club of Chittenango, NY  
Request for Financial Support