

ROTARY CLUB OF SAN LUIS OBISPO
P.O. Box 833, San Luis Obispo, CA 93406
Attn: Charitable Allocations Committee
www.slrotary.org/monclub/monday.html

DONATION REQUEST FORM

The Rotary Club of San Luis Obispo 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 **annually** 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* (Please submit these requests by March 15th. Notification and awards will be given by June 30th)
*If awarded, any donation should be considered a one-time gift and should not to be anticipated on a continuous basis.

Emergency Need Request (up to \$1,000 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? Yes No

Is the Organization a tax exempt 501(c)3 non-profit? Yes No Tax ID No: _____

Describe how donation is to be used (If this is for an Emergency Request, please explain circumstances) **Please be specific!** (Attach additional sheets if necessary):

Briefly describe the Organization's primary purpose/mission (Attach brochures, pamphlets, if available):

Name(s) of Rotarian(s) from The Rotary Club of San Luis
Obispo affiliated with this Organization (if any): _____

Has this Club given to your Organization in the previous 12 months? Yes No

Has another service club in SLO County given to your Organization in the previous 12 months? Yes No

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 Rotary Club of San Luis Obispo 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 Rotary Club of San Luis Obispo 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 request received: _____ Received by: _____

Charitable Allocations Committee Recommendation:

Approve Decline Amount Recommended: \$ _____ Date: _____

Board of Directors:

Approved Declined Amount Awarded: \$ _____ Date: _____

Mailed Picked Up By: _____ Date: _____

Rotary Meeting Date for Presentation: _____