

**Rotary Club of Robbinsville Hamilton Foundation, Inc.**

**Donation Request Form**

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

Address: \_\_\_\_\_

Website Address: \_\_\_\_\_

Is your organization a 501 (c) 3 registered charity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, your EIN is: \_\_\_\_\_

If no, is your organization established otherwise as a charity? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

A Donation is requested in the amount of \$ \_\_\_\_\_ and the proceeds will be used for:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date donation needed by: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*\*\*\*\* For Foundation Use \*\*\*\*\*

Date Reviewed by Board of Directors: \_\_\_\_\_

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_

If applicable, date donation made: \_\_\_\_\_