approved for the entire amount requested.

Signature\_\_\_\_\_

**Comments:** 

For Rotary Club of Pataskala Board of Directors use only:

Date Approved/Denied by Rotary Board: \_\_\_\_\_\_

Date Response sent to Applicant: \_\_\_\_\_

Date check was sent/picked up: \_\_\_\_\_\_

Upon approval please note the following fulfillment decision:

## **Rotary Club of Pataskala Donation Request Form**

Requirement: Organization or individual, as applicable, must attend a board meeting to present donation need for potential approval. Your project must benefit the business community in some way to be considered.

**Organization/Individual Information: NAME ORGANIZATION ADDRESS CITY,STATE,ZIP TELEPHONE FAX NUMBER** E-MAIL OTHER CONTACT Dollar Amount Requested: \_\_\_\_\_\_Total Project Estimate: \_\_\_\_\_Dollar Amount Raised To Date: \_\_\_\_\_ Please provide a description of the event or activity for which funding is being requested and explain the benefit that would be realized should the request be granted (or attach additional sheet.)

Please give at least five (5) weeks advance notice. NOTE: Requests are not guaranteed to be approved or

Revised 2-4-20

Approved \_\_\_\_ Declined\_\_\_\_

Date\_\_\_\_\_