

SPENCER EXCHANGE CLUB CHARITABLE DONATION REQUEST FORM

All of the following information is required in order for the *Spencer Exchange Club* to consider your request

Organization: _____ Date: _____

Organization Contact Person: _____ Title: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Please make sure your proposal includes the following information (attach additional pages if necessary):

- A description of your organization, including its mission and major accomplishments;
- A copy of the letter from the IRS stating your organization's 501(c)(3) status, if applicable;
- A list of key staff and titles and current Board of Directors including officer status, if applicable.

Contact persons relationship to the organization:

Employee: _____ Volunteer: _____ Paid Worker: _____ Fund Raiser: _____

What services are rendered by your organization? _____

What percentage of the donation will be used to help children/veterans/community? _____

How will this donation be used? _____

What kind of advertising/signage and recognition will the Spencer Exchange Club receive, if any? _____

Are there any other organizations donating at this time? If so, please list: _____

Please specify the amount of your request: \$ _____ How will these funds be used? _____

What date do you need the funds? _____ (Please submit proposals no less than 30 days before funds are needed)

Does your organization participate in the Spencer Exchange Club's various activities and events? _____

To whom should the check be made payable? _____

Signature of organization's officer: _____

Within 30 days following the event, please provide a letter or program flier showing how funds were used and the benefits to children/veterans/community.

Internal use only:

Date rec:	Board review date:	Membership vote date:	Payment date:
Amt approved/paid:	Conditions:		