

DONATION REQUEST FORM



Kiwanis[®]
Seaway Kiwanis Sarnia

OUR MISSION: *To Serve the Children of the World*

Our donation policy is to maximize the impact of the donations we provide to assist and enhance the lives of the greatest number of children possible, and to provide services, encouragement, leadership training, and civics education to the maximum number of children our funds will allow. There may be worthy funding requests that, while beneficial and meritorious, do not fully meet our goal of providing the greatest return for the optimal number of children with the funds invested.

All donation requests require a minimum of 60 days' notice prior to funding consideration.

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SECTION 1 – REQUESTING ORGANIZATION

Organization Name: _____

Contact Person: _____

Telephone: _____ Email: _____

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SECTION 2 – REQUEST OVERVIEW

Amount of Donation Requested (\$): _____

Date Funds Are Required By: _____

Have you received Funding from Kiwanis in The Past? _____

Year and Amount: _____

What is your Charitable Status? _____

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SECTION 3 – PURPOSE & IMPACT

Describe the purpose of this request and how the funds will benefit children.

(Please be specific about outcomes and number of children impacted.)

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SECTION 4 – USE OF FUNDS

(Exact use of funds is required for consideration)

Will any portion of this request be used for the following?

- **Salaries:**
 Yes No
If yes, amount: \$ _____
- **Fees (administrative, professional, etc.) Overhead, Utilities:**
 Yes No
If yes, amount: \$ _____
Purpose of fees: _____
- **Other Costs:**
Amount: \$ _____
Purpose: _____

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SECTION 5 – OTHER FUNDING SOURCES

Do you have other sources of funding for your organization?

Yes No

If yes, please indicate amounts secured or pending:

- **Private Funding:** \$ _____
- **Government Funding:** \$ _____
- **Other Clubs/Organizations:** \$ _____
- **Public Donations:** \$ _____
- **Other:** \$ _____

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SECTION 6 – AUTHORIZATION

I certify that the information provided in this request is accurate and complete, and that any funds received will be used solely for the purpose described above.

Name: _____ **Title:** _____

Organization: _____ **Signature:** _____

Telephone: _____ **Email:** _____

Date: _____

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