



Piedmont Rotary Club Financial Support Request Form

(Please Print)

Name of Requestor: _____

Organization or group: _____

Address: _____, City _____

State _____ Zip: _____ Email _____

Phone (home): _____ (Business) _____ (Cell) _____

How will our donation be used? Describe the project/purpose for which funds are requested.

Who will benefit from the funding and/or how will it help the individual or community?

What is the deadline for when funds are needed? _____

If funding is for a student trip, please provide the name of school staff member we can contact for more information: _____

To your knowledge has the Rotary Club donated to this project in the past? If so when?

If this request is on behalf of a group or organization, please describe its primary mission/objectives:

Signature _____ Date _____

Deliver to any member of the Piedmont Rotary Club or mail to :

Piedmont Rotary Club
Rt 3, Box 3699
Piedmont, MO 63957

FOR COMMITTEE USE ONLY

Financial Request Committee recommendation: _____ Fund
_____ Neutral, Club Decision
_____ Do not Fund

Amount Recommended: _____ AWC _____ JAK _____ DTG _____