

Request for Charitable Gift

... from the Rotary Club of Hot springs Village
P.O. Box 8065
Hot Springs Village, AR 71010

Name of Requesting Organization: _____

Amount Requested: _____ Date of Request: _____

Purpose of Funds (i.e., how they will be used):

Requested by:

Name: _____ Title: _____

Phone: _____ E-Mail: _____

Mailing Address: _____

Sponsoring HSV Rotarian (active):

Name: _____ Signature _____

.....
FOR ADMINISTRATIVE USE, ONLY...

Amount Recommended for Approval: _____

Community Development Committee Approval:

Signature _____ Date: _____

Submitted to the Club's Board of Directors (October, January, April)

Date: _____

Board of Director Approval:

Signature _____ Date: _____

Gift to Recipient Organization---Amount: _____ Date Presented: _____