

Rotary



ROTARY CLUB OF LEXINGTON PARK CHARITABLE DONATION REQUEST APPLICATION

Applicant Information

Name of Organization/Agency:

Date of Request:

Date Funds are Needed:

Mailing Address:

Non-Profit: Yes / No

EIN:

Website:

Contact Name:

Contact Position within the Organization/Agency:

Contact Phone:

Contact Email:

Describe your organization.

Indicate the need area for the funds: _____ Homelessness and Home Insecurity; _____ Mental Health for St. Mary's Youth; _____ Nutrition Insecurity; _____ Other _____

Summary of Need: (the "why" behind your donation request)

Requested dollar amount: \$_____ (must be less than \$2,000)

Describe how the funds will be used including the benefit to the community. Attach additional sheets if needed.

Describe how many people and the region (i.e., Lexington Park or all of St. Mary's County) that will be benefitted by this request.

RCLP Recognition - Describe how the community will know the Rotary Club of Lexington Park contributed a donation (e.g., publicity in local news media outlets or social media, display of the Rotary wheel, etc.)?