



**Kiwanis**  
TOPSAIL ISLAND AREA

## One Community At A Time Program Donation Application Form

P. O. Box 2352, Surf City, NC 28445

We are dedicated to improving the quality of life experiences for children within the community through acts of service and financial contributions. We strive to partner with organizations that focus on helping children within the Topsail Island Area.

Please complete the following information and email to [topsail.kiwanis@gmail.com](mailto:topsail.kiwanis@gmail.com). We would be delighted to talk with you too, just call or text Cathi Litcher at 919-422-9698 with questions.

Name of Requesting Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title/Role: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Website Link: \_\_\_\_\_ Facebook Link: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Charity/Non-Profit EIN: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Tell us about your event, activity or sponsorship request: (Please attach a flyer if available)

How will this request directly affect the lives of children in the Topsail Island Area?

What kind of support are you seeking? If you are seeking a financial contribution, please indicate the amount and percentage of funds that will be available to Topsail Island Area children.

Could an organization representative speak before or after the event at a Kiwanis Club Meeting?

Yes      No

When did Kiwanis Club of Topsail Island last contribute to your group? \_\_\_\_\_

How will the Kiwanis donation be recognized?

For Club Use    Donation Tracking No. \_\_\_\_\_    Board Vote Date: \_\_\_\_\_    Notification Date: \_\_\_\_\_

Approved ☐ Disapproved ☐ Amount Approved: \_\_\_\_\_ Check Number: \_\_\_\_\_