



### Tri-Cities Kiwanis Donation Request Form

Amount Requested: \_\_\_\_\_ Date: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Incorporated as a Michigan Non-Profit Organization? Yes No

Describe how funds will be used (please be specific):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will Tri-Cities Kiwanis be recognized for its support of your organization?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any other charitable organizations contributing to your need? If so, who?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_