KIWANIS CLUB OF EXETER FOUNDATION

P.O. BOX 151, EXETER, CA 93221

APPLICATION FOR DONATION

Date: _____

Your Name: _____ Position or Title: _____

Phone: _____ Email: _____

Mailing Address: _____

Name of Organization: _____
(To which the check will be made payable)

Type of Organization:

_____ Nonprofit 501(c)(3) organization.
- Attach a list of board members and person in charge of the organization.

_____ School based/sponsored club, organization or program.
- Person/group responsible for the program or activity: _____

_____ City sponsored group/activity
- Person/group responsible for the program or activity: _____

_____ Civic Organization
- Attach a list of board members and person in charge of the organization.

What will the donation be used for?

Date(s) the activity will take place: _____

How does the activity benefit local children and/or youth?

Estimated number of participants? _____

Number of participants from the Exeter area? _____

Total fundraising goal: $_____ Please attach a list of expenses budgeted for this activity

Is any portion of the total fundraising goal paid by parents, participants, school funds, boosters, etc?
YES/NO If yes, what amount? $_____

Amount you are requesting from Kiwanis: $_____
(You must request a specific amount)

When are funds needed? _____

Have other groups, businesses or individuals been contacted for a donation? YES or NO

How much has been committed and/or raised to date from all sources? $_____

Who is responsible for monitoring and accounting for all funds raised by the organization? (Briefly describe the process)

Are financial statements reviewed by an independent third party at anytime during the year and/or at year end? YES or NO If yes, who reviews? _____

Date last reviewed? _____

How will the Kiwanis Club of Exeter be acknowledged/recognized?

Would your group be interested in presenting a short program to Kiwanis about your activities? YES or NO

I certify that the information provided in this application is true and accurate.

_____ _____
Signature Date

Title/Position: _____

Please print your name: _____

Return completed application to:
Kiwanis Club of Exeter
P.O. Box 151
Exeter, CA 93221

Request received by: _____	Date: _____
Amount approved: $_____	Date: _____
Date checked issued: _____	Check #: _____
Issued by: _____	