

LE SUEUR LIONS CLUB

REQUEST FOR DONATION



We Serve

DATE _____

NAME OF REQUESTING ORGANIZATION _____

ADDRESS AND PHONE _____

CONTACT PERSON _____

TOTAL FUNDS NEEDED FOR PROJECT \$ _____

DATE FUNDS ARE NEEDED _____

AMOUNT REQUESTED FROM LE SUEUR LIONS \$ _____

HAVE OTHER ORGANIZATIONS BEEN SOLICITED FOR FUNDS FOR THIS PROJECT? IF SO, PLEASE LIST BELOW.

WHAT FUNDS HAVE BEEN RAISED SO FAR? \$ _____

DESCRIPTION OF PROJECT _____

WOULD YOU BE WILLING TO MAKE A PRESENTATION IF REQUESTED? _____

BY: _____
(Requestor's Signature)