



# Kiwaniis<sup>®</sup>

## CLUB OF LEBANON

### Donation Request Form

Date Requested: \_\_\_\_\_ Date Funds Needed By: \_\_\_\_\_

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

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

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

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

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

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

Incorporated as a Non-Profit Organization? Yes \_\_\_\_ No \_\_\_\_

Describe how funds will be used (please be specific & attach documentation as needed)

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Will the Kiwanis Club of Lebanon be recognized for its support of your organization? If so, how?

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

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Please submit form to a Kiwanis Club of Lebanon officer at least 30 days prior to date needed.

All requests will be reviewed by the Board to ensure alignment with the club's values and mission.

*"Kiwaniis is a global organization of volunteers dedicated to improving the world  
one child and one community at a time."*

-Kiwaniis International Mission