

**REQUEST FOR CHARITABLE CONTRIBUTION  
FROM  
ALTAMONTE SPRINGS ROTARY CLUB**

Return completed form no later than April 15, 2012 to Altamonte Springs Rotary Club,  
P.O. Box 162322, Altamonte Springs, FL 32716-2322



1. \_\_\_\_\_  
Name of requesting organization

\_\_\_\_\_  
Street Address Phone

\_\_\_\_\_  
City County State Zip

2. \_\_\_\_\_  
Name of Parent or Affiliated Organization

\_\_\_\_\_  
Street Address Phone

\_\_\_\_\_  
City County State Zip

3. **ORGANIZATION**

a. Please list names of principal officers of your organization

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____

b. Is your organization a corporation? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, give Florida corporate number \_\_\_\_\_

c. Is yours a 501 c organization, according to the Internal Revenue Service? \_\_\_\_ Yes \_\_\_\_\_ No

**4. SCOPE OF ACTIVITIES**

(a) Describe briefly the charitable work in which your organization is involved (b) Give a more detailed description of the area for which this donation will be used.

a) \_\_\_\_\_

b) \_\_\_\_\_

**5. FINANCIAL INFORMATION**

a) What percentage of annual contribution received by your organization is from government sources and/or United Way, identify program.

Federal \_\_\_\_\_ % \_\_\_\_\_

State \_\_\_\_\_ % \_\_\_\_\_

County \_\_\_\_\_ % \_\_\_\_\_

United Way \_\_\_\_\_ % \_\_\_\_\_

b) List other sources of contributions within the past year.

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

c) How would a donation from the Altamonte Springs Rotary Club be used?

Administrative costs \_\_\_\_\_ %

Services in Seminole County \_\_\_\_\_ %

Services in Central Florida \_\_\_\_\_ %

Signed \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Telephone Number \_\_\_\_\_

Organization \_\_\_\_\_