

Request for Donation

1. Requesting organization must provide services that directly or indirectly benefit the Dr. Phillips community of Southwest Orlando. The Dr. Phillips community is defined as the area designated by the 32819 ZIP code.
2. Organization does not need to have a facility within the Dr. Phillips community.
3. Beneficiaries must provide a specific funding request (equipment, construction, capital improvement, service project, training, etc.).
4. Beneficiary should be a tax exempt organization as defined in section 501(c) of the United States Internal Revenue code.
5. Beneficiary of funds must agree to the following:
 - a. Give public credit to the Rotary Club of Dr. Phillips
 - b. Should explore, and then apply for if available, matching funds from other organizations.
 - c. If applicable, your organization will be encouraged —and in some cases may be required —to provide some form of participation to assist the Rotary Club of Dr. Phillips in club fundraising or volunteer efforts.
 - d. May be asked to attend a Rotary Club of Dr. Phillips breakfast meeting to accept the donation and to report back at a later breakfast to highlight the successful use of funds.
6. For some requests, the Rotary Club of Dr. Phillips reserves the right to ask an organization making this request to provide the names of other sources of funding.
7. The Rotary Club of Dr. Phillips reserves the right to designate the use of funds.
8. All requests must be in writing. Requests in excess of \$1,000.00 may require a more formal proposal than that provided for with this form

Name of Organization (required)

Contact Name and Title (required)

Contact Email (required)

Contact Phone (required)

Website

Address

City:

State:

Zip:

Description of Organization's Services:

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Description of Request:

Benefit to the Dr. Phillips Community:

Additional Comments:

Send