



## LIONS CLUB

### New Providence, New Jersey

#### INDIVIDUAL DONATION REQUEST FORM

**Note:** This Form is to be used by **individuals** requesting a donation from the New Providence Lions Club ("NP Lions"). The top portion of the Form should be completed and submitted to the **Chairperson** of the NP Lions Giving Committee (GC). When appropriate, only the Chairperson will be aware of the identity of the person(s) for whom the request is made. Confidentiality will be strictly maintained. The request will be reviewed by the GC prior to being submitted to the NP Lions Board and membership for approval. The GC may contact the submitter for additional information.

**Submitter Information:**      **Confidential Request: Yes / No (Circle One)**

**Name of Person Submitting** (Please Print): \_\_\_\_\_ **Date:** \_\_/\_\_/\_\_\_\_

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

**Phone:** (C) \_\_\_\_\_ (H) \_\_\_\_\_ (W) \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

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#### **Donation Request:**

**Dollar Amount:** \_\_\_\_\_ **Date Required (by):** \_\_\_\_\_

**Check Payable to:** \_\_\_\_\_

**Donation For/Reason:** \_\_\_\_\_

Have Prior Donations Been Made by the NP Lions (Y/N): \_\_\_\_\_ If Yes:

When were they made: \_\_\_\_\_ What was/were the Dollar Amount(s): \_\_\_\_\_

**Portion below to be completed by the NP Lions Giving Committee**

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#### **Donation Request Review**

Date Committee Met to Consider Request: \_\_/\_\_/\_\_\_\_ Urgency of Request: \_\_\_\_\_

Attendees: \_\_\_\_\_

Committee Recommendation (App/Dis/Amt, Comments): \_\_\_\_\_

\_\_\_\_ % of Projected Budget

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