

Knights of Columbus Council #7515

CHARITY REQUEST FORM

DATE: _____ **MEMBER'S NAME:** _____

Name of charity recipient: _____

Stated purpose of charity recipient (if any): _____

Reason for donation: _____

Is charity recipient a 501 (c)(3)? Y N

Amount Suggested: \$ _____ **Date Funds are Needed:** _____

Charity recipient contact (Principal person): _____

Phone No.: _____ **Email:** _____

Website (if any): _____

Address of charity recipient: _____

To whom should check be made payable: _____

Address where check should be sent (if different from above): _____

[NB: Please complete all items on Form where possible in order for the Charity Committee to consider the donation. All requests should be given to the Chairman, or Member, of the Charity Committee. After their review, it will be presented for approval at the "Officer's Meeting" and, if approved, will be presented for a vote at the "Monthly Member's Business Meeting". It is imperative that the last two items be completed for consideration.]

For Charity Committee Use Only:

Charity Category: <input type="checkbox"/> 2. Aid to families of members <input type="checkbox"/> 3. Aid to Catholic Institutions <input type="checkbox"/> 4. Aid to Catholic Emergencies <input type="checkbox"/> 5. Aid to non-Catholic institutions, public emergencies and other individuals in distress
Date presented to Charity Committee: _____
Recommendation of Charity Committee: _____ Amount (if any): _____
Date Ofcr's Mtg Approval: _____ Gen'l Mtg 1 st Rdng _____ Gen'l Mtg 2 nd Rdng _____
Funds Dispersed on: _____