



Date _____

Organization Information

Name: _____

Address: _____

City, State, Zip: _____

Contact Person: _____

Phone: _____ Fax: _____

E-mail: _____ Website: _____

Summary of Request

Amount Requested: \$ _____

Total Project / Program Budget: \$ _____

Date funds needed: _____

Description of Project / Program: _____

Attach bids or specific
cost information _____

List other attempted/possible
sources of funding: _____

Return completed request form to:

**Blissfield Rotary Club
Attn: President
P.O. Box 4
Blissfield, MI 49228**