

Tri-Cities Kiwanis Donation Request Form

Amount Requested: _____ Date: _____

Name of Organization: _____

Contact Person: _____

Address: _____

City: _____ Zip: _____ Phone: (_____) _____

E-mail Address: _____

Incorporated as a Michigan Non-Profit Organization? Yes ____ No ____

Describe how funds will be used (please be specific):

How will Tri-Cities Kiwanis be recognized for its support of your organization?

Are there any other charitable organizations contributing to your need? If so, who?

Please deliver to: Tri-Cities Kiwanis Goals Committee, PO Box 571, Grand Haven, Michigan 49417

