

1000 Hills Rotary Club PO Box 887 Kirksville, MO 63501

Doi	nation Re	quest App	lication		
Group/Organization Apply	ying:				
Website:		Address:	Address:		
City:	State:	<u>_</u>	Zip Code:		
Contact Person:		Title:	Title:		
Contact Email:		Contact Ph	Contact Phone:		
Club Sponsor:					
Project Title:					
Projected Start Date:		Projected	Projected End Date:		
Geographic Area Served b	y Project:				
Number of People Served	by Project:				
Donation Request Amount:		Total Proje	Total Projected Cost:		
Project Summary Descript to Address Listed at Top o	•	parate Page if N	lecessary) After comp	oletion Mail	
Applicant S	Signature		Date	_	
Club Sponsor Signature			Date	_	



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