Donation Request Albertville Lions

Date of request:

Organization Name:

How many people will benefit from this Donation?

Amount Requested:

Amount Approved:

Are you a 501c3? (if so provide your authorization document)

Name Check Should Be Made Out To:

Mailing Address for the check:

Contact Person:

Representative available to come to a Albertville Lion’s meeting and give a presentation?

 Yes No

Please provide a brief Explanation of what the funds will be used for:

Approved \_\_\_\_\_\_ Yes \_\_\_\_\_ No By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_