District 4-C1 Humanitarian Foundation

Tax ID # 95-3527334 * www.4c1humanitarianfoundation.org

Application for Assistance

Club Name:_____ Date:_____

Zone:_____ Region:_____

Mailing Address:_____

_____

_____

Contact Person:_____

Email:_____ Phone:_____

Reason for Request

_____
_____
_____
_____
_____
_____

Has other financial assistance been requested? Y N (*circle one*)

Has other financial assistance been offered? Y N

Is there a deadline or urgency to this request? Y N

Explain deadline_____

*Amount donated by Club: $*_____

*Amount raised by Club: $*_____

Amount requested from Foundation: $_____

Total Dollar Amount for Project: $_____

Club President Name: _____ Signature:_____

Club Secretary Name: _____ Signature:_____

Action by the Board of Directors

Request Granted: Y N (*circle one*)

More information: Y N

Amount Donated: $_____ Date:_____

Action Taken:_____

_____

Foundation President Name:_____ Signature:_____

Email application to: xLindaBullock51@yahoo.com -**OR-** call (530) 266-3205 for mailing instructions
www.4c1HumanitarianFoundation.org