

PRESCOTT NOON LIONS CLUB
APPLICATION FOR CHARITABLE CONTRIBUTION

Date: _____

Organization Name: _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

Purpose of Organization: _____

This contribution is needed for: _____

Estimated number of people to be served: _____ Annual Budget: _____

Funding Sources: _____

Number of paid employees: _____ Number of Volunteers: _____

Percent of budget to direct services including rent, etc.: _____

Percent of budget to administration and fundraising: _____

Is any part of the budget redirected to ancillary organizations?: _____

Number of year's organization has been in operation: _____ 501c org?: _____ EIN: _____

Amount Requested: _____

If your organization received a previous contribution from The Prescott Noon Lions please explain how the contribution was used: _____

Applications **MUST** be received **NO LATER** than **October 1, 2016** at the address below:

Bob Carlisi, Contributions Committee Chairman
Prescott Noon Lions Club
P. O. Box 2215
Prescott, AZ 86302