



**PRESCOTT NOON LIONS CLUB  
APPLICATION FOR CHARITABLE CONTRIBUTION**

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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: \_\_\_\_\_

Percentage of budget to direct services including rent, etc: \_\_\_\_\_

Percentage of budget to administrative and fundraising: \_\_\_\_\_

Is any part of the budget redirected to ancillary organization? \_\_\_\_\_

Number of years organization has been in operation: \_\_\_\_\_

501(c) Organization? \_\_\_\_\_ EIN: \_\_\_\_\_ Amount Requested: \_\_\_\_\_

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

\_\_\_\_\_

This completed application **MUST** be received **NO LATER** than **October 1** at the address below.

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