



Lake Wissota Lions Donation Request Form

Name of Organization/Individual: _____

Address: _____

City and Township: _____

Contact Person: _____

Phone: _____ E-mail: _____

Federal Tax ID Number (if applicable): _____

Please Describe Your Request:

What are the benefits to the Community/Individual if this request is approved?

Request for: Monetary Support Amount Requested: \$ _____
To whom should the check be made out to: _____

Item Donation Item Description: _____

Medical Services Description: _____

Glasses

Other: _____

Who will benefit from this donation: _____

Have you requested donations form the Lake Wissota Lions before: Yes/No (Circle One)

Have you requested donations from any other organizations: Yes/No (Circle One)

If "Yes" please list which organizations: _____