

GROTON / LEDYARD ROTARY

PO BOX 798 GROTON, CT 06340

REQUEST FOR SUPPORT

A) AMOUNT \$ _____

B) Name of Organization _____

Street address _____

City _____

State _____

Zip code _____

C) Name of Contact _____ Phone _____

D) Tax Exempt Status _____ CT non profit number _____

E) Purpose General Budget [] Special Project []

Please use reverse side for a brief explanation of request.

F) Rotarian Sponsor

Name _____ Phone _____

Signature _____

Please use reverse side for a brief comment.

RECEIVED _____ (_____)
Date Initials

REVIEWED _____
Date

G) DATE _____

ACTION:
Approved Amount \$ _____
Rejected [] _____ Check No.

See reverse side for comments.

The requested grant will be used to:

Comments from the Sponsoring Rotarian:

Action by Rotary Foundation: