

**** Plan ahead! Requests must be submitted at least 45 days before event. ****

GCWC Donation Request Form

Date Submitted _____

Requester's Name _____ Requesting Organization _____

Phone Number _____ 501(c)3 Identification Number _____

Is requester a member of GCWC? Yes No (Circle one) If yes, member since _____

Is she a member of requesting organization? Yes No (Circle one) If yes, member since _____

Reason for donation request. Include details. (How will monies be used? Be specific.)

Date donation needed _____ Date of event at/for which donation will be used _____

How does this project/event//purpose align with the values and further the mission of the GCWC? Explain.

How does this organization support the GCWC? Include details and dates.

Has GCWC donated previously? Yes No (Circle one)
If so, how much, when and for what project or event? \$ _____

Signature _____

----- *For Executive Board Use* -----

Date Received _____

GCWC Member? Yes No (Circle one) Member of Requesting Organization? Yes No (Circle one)
Dues current? Yes No (Circle one)

Mission aligned? Values aligned?
Strengthen faith? Hunger?
Strengthen fellowship? Poverty?
Raise funds for growth of OLoL? Loneliness?
Educating Vulnerable?

Board Meeting Outcome

Member Meeting Outcome (if applicable) Amount collected (if applicable) \$ _____