



PO Box 124, Laconia, NH 03247-0124

www.altrusalaconia.org

altrusalaconia@gmail.com

Donation Request Form

Date: _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____ **Phone:** _____ **Email:** _____

Tax Status: Individual Corporation Partnership Sole Proprietorship LLC Non-Profit

Total Project Funds Needed: \$ _____ **Funds Requested:** \$ _____ **Date Needed:** _____

Reason for Request (describe in detail specifically what these funds will be used for):

For Internal Use Only

Date Received: _____

Date Presented to Club: _____ **Approved:** Yes No

Amount Approved: _____ **Date Paid:** _____ **Check #:** _____