



BIDDEFORD-SACO ROTARY CLUB & COMPANY B CONTRIBUTION REQUEST FORM



Name of Organization/Individual: _____

Address: _____

Phone: (Daytime): _____ (Cell): _____ (FAX): _____

Email Address: _____

Federal ID# (If applicable): _____ Tax Status: (501(C)3) Other: _____

Project/Request Service Area: Biddeford Saco OOB Other: _____

Purpose of Funding Request: _____

Total Project Budget: \$ _____

Amount Requested from Biddeford-Saco Rotary/Company B: \$ _____

Have You Contacted Other potential Funding Sources?: Yes No

If yes, which sources: _____

Funds Needed By: _____

Is This a One-Time or Multi-Year Request (State Your Preference) One-Time Multi-Year

Depending on the Amount of Your Request, Could it be Paid in Multi-Year Payments? Yes No

Area of Focus: Social Services Educational Cultural Youth
 Health & Safety Community Environmental Sports

Name and Title of Requestor (If Different Than Recipient): _____

Signature of Requestor: _____ Date: _____

Other Comments: _____

Please remit completed form to: Biddeford-Saco Rotary Club Charitable Committee, PO Box 298, Saco, ME 04072 or fill out the form online and return via email reply.