



**Soroptimist International of Central Solano County**

**Donation Request Form**

Please complete this application form and return it as instructed below.  
A handwritten form is fine, as long as it is completely legible.  
We give up to \$3000 to each organization we support.  
We only give donations to qualified non-profit organizations.

**Name of Organization:**

**Street Address:**

**City, State:**

**Telephone No.:**

**Non Profit Tax ID # (EIN):**

**Your Name & Title:**

**Name of Board Chair:**

**Website:**

**E-mail Address:**

**WHAT IS YOUR ORGANIZATION'S MISSION STATEMENT?**

**WHAT IS YOUR MOST URGENT NEED AND WHAT DOLLAR AMOUNT WILL FILL THIS NEED? HOW DOES THIS FIT SOROPTIMIST'S MISSION (LISTED BELOW)?**

**IS THERE A SPECIFIC PROGRAM THAT CAN BE SUPPORTED WITH THE FUNDS REQUESTED?**

**WHOM DO YOU SERVE? WHAT IS YOUR GEOGRAPHIC REGION? HAVE YOU RECEIVED FUNDS FROM ANOTHER SOROPTIMIST CLUB?**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Soroptimist International of Central Solano County is dedicated to improving the lives of women and girls, in local communities and throughout the world.**

**PLEASE RETURN THIS COMPLETED FORM to Soroptimist International of Central Solano County:**

**As an attachment to an email to Sandie Valentine at [svalentine4ever@gmail.com](mailto:svalentine4ever@gmail.com)**

**Or mail to Soroptimist, P.O. Box 225, Fairfield, CA 94533**

**Questions? Call Sandie Valentine at (707) 290-0313**