



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 \$3,000 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?

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

Signature: _____

Date: _____

Soroptimist International of Central Solano County - *working to improve the lives of women and girls through programs leading to social and economic empowerment.*

PLEASE RETURN THIS COMPLETED FORM to Soroptimist International of Central Solano County:
As an attachment to an email to Mary Beutner at Mbeutner@sbcglobal.net
Or mail to Soroptimist, P.O. Box 225, Fairfield, CA 94533, Attn: Mary Beutner
Questions? Call Mary @707 399 7731