



Camanche Kiwanis Club Donation Request Form

Date: _____

Organization Name: _____

Contact Person: _____

Position/Title: _____

Organization Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Organization Web Site URL: _____

Description of project and/or event: _____

What would the donation be used for? _____

Donation amount requested: \$ _____

Have we contributed to this organization in the past? Yes No

Is this organization a non-profit? Yes No

Does this organization have 501c3 status as determined by the IRS? Yes No

Please attach any supporting documents that may be beneficial for our donation determination.

**Mail this form and supporting documents to:
Camanche Kiwanis Club, P.O. Box 303, Camanche, Iowa 52730**