

**ROTARY CLUB OF LEXINGTON PARK**

**CHARITABLE DONATION REQUEST APPLICATION**

**Applicant Information**

**Name of Organization/Agency:**

**Date of Request: Date Funds are Needed:**

**Mailing Address:**

**Non-Profit: Yes / No EIN: Website:**

**Contact Name:**

**Contact Position within the Organization/Agency:**

**Contact Phone: Contact Email:**

**Describe your organization.**

**Indicate the need area for the funds: \_\_\_\_\_ Homelessness and Home Insecurity; \_\_\_\_\_ Mental Health for St. Mary’s Youth****; \_\_\_\_\_\_ Nutrition Insecurity; \_\_\_\_\_\_ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Summary of Need: (the “why” behind your donation request)**

**Requested dollar amount: $\_\_\_\_\_\_\_\_ (must be less than $3,000)**

**Describe how the funds will be used including the benefit to the community. Attach additional sheets if needed.**

**Describe how many people and the region (i.e., Lexington Park or all of St. Mary’s County) that will be benefitted by this request.**

**RCLP Recognition - Describe how the community will know the Rotary Club of Lexington Park contributed a donation (e.g., publicity in local news media outlets or social media, display of the Rotary wheel, etc.)?**