



MAIZE LIONS CLUB

P.O. Box 373, Maize, KS 67101

www.maizelions.com

DONATION REQUEST APPLICATION		
Contact Name:		Date:
Organization Name:		
Address:		
City:	State:	Zip:
Cell Phone:	Home Phone:	Email;
Donation Amount Requested:		Date Donation is Needed: (Must be no less than 6 weeks from date of request)
Overall budget needs of project you are seeking funding for:		Monthly Household Gross Income and Number of Dependents
1. Reason for the request?		
2. How will this donation benefit the community and how many people will it benefit?		
3. Please explain any connection you feel this donation has with our priorities of giving areas. (vision, hearing, health, hunger, community, education, etc)		
4. What other actions have been taken to actively raise funds; and how much have you raised to date?		
5. In return for this donation, what are you willing to do to help others within our community; or how many hours are you willing to work with the Lions in their mission of helping others?		
6. Have you received a donation from the Maize Lions Club in the past? Yes_____ No_____ Provide the date(s), the amount(s) and how funds were used (attach separate sheet if necessary)		

**Mail completed hard copy form and any attachments to:
Maize Lions Club / ATTN: Donation Request / P.O. Box 373 / Maize, KS 67101**

- Requests must use this form and be received at least 6 weeks before a decision is needed.
- Please do not request to provide a presentation. Your application will be reviewed and if additional information is desired the club may then request you provide a presentation.
- Neither receipt of the application nor a presentation guarantees approval of funding.
- You will be notified via email or letter regarding our decision.

FOR LIONS CLUB USE ONLY: Approved? (Y/N)_____ Amount Approved? _____
Reason for disapproval OR if approved, what can this person/group do in return to help our community?
