

**Portland Metropolitan Rotary Club Charitable
Foundation Request**

CHARITABLE REQUEST AMOUNT: _____ DATE REQUESTED: _____

RECIPIENT NAME: _____ PHONE: _____

RECIPIENT / TAX PAYER ID#: _____ FAX: _____

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DELIVERY INSTRUCTIONS: _____

IS RECIPIENT A CHARITABLE ORGANIZATION? _____

PURPOSE OF REQUEST: _____

HOW DOES THIS REQUEST MEET OUR CLUB'S MISSION STATEMENT? _____

WILL THERE BE OTHER GIFTS IN ADDITION TO OUR GIFT? _____

APPROVAL SECTION

NAME OF CLUB ENDORSER: _____ DATE: _____

CLUB PRESIDENT SIGNATURE: _____ DATE: _____

FOUNDATION SIGNATURE: _____ DATE: _____

DATE REQUEST WILL BE AVAILABLE: _____

**Mail to: Portland Metropolitan Rotary Club Charitable Foundation
PO Box 6826, Portland, OR 97228-6826**