

POKEGAMA LAKE ASSOCIATION
19265 Lake Line Road, Pine City, MN 55063

Request for Donation

A. NAME OF ORGANIZATION/INDIVIDUAL: _____
ADDRESS: _____
CITY & STATE: _____
ZIP CODE: _____ TELEPHONE NUMBER: _____
CONTACT PERSON: _____

B. TYPE OF ORGANIZATION (501c3, Non Profit, Social, Government, etc.):

PLEASE PROVIDE PROOF OF STATUS

C. TOTAL AMOUNT OF FUNDS REQUESTED: _____

D. BRIEFLY DESCRIBE THE REASON FOR THIS REQUEST AND ITS OBJECTIVES:

E. HAVE YOU REQUESTED FUNDING FOR THIS PROJECT (or do you plan to) FROM ANY OTHER ASSOCIATION? IF YES, PLEASE EXPLAIN: _____

F. HAVE YOU PREVIOUSLY RECEIVED A DONATION FROM THE POKEGAMA LAKE ASSOCIATION? IF YES, WHEN? _____

G. REQUEST SUBMITTED: _____
ORGANIZATION: _____ TITLE: _____
PHONE NUMBER: _____ DATE: _____

THIS FORM MUST BE COMPLETED IN ITS ENTIRETY IN ORDER TO BE CONSIDERED

PLEASE MAIL COMPLETED FORM AND SUPPORTING INFORMATION TO THE ADDRESS AT THE TOP OF THIS FORM.

REQUESTS ARE REVIEWED BY THE DONATION COMMITTEE PRIOR TO THE MONTHLY MEMBERS MEETING FOR APPROVAL.