

**APPLICATION FOR GOLDEN K DONATION**

**Date:**

**Name of Organization: (address if applicable)**

**Purpose of your organization:**

**Contact person: (Full name, phone number)**

**Purpose of request: (brief description of need and how it applies to organization's purpose)**

**Is this a time sensitive request? (Date funds will be needed.)**

**If donation is awarded, where should it be sent?**

**Verification: (Brief explanation, picture of event or purchases etc. where funds were used.)**

**Return completed form by August 1, 2020 to:**

**John D. Stone, Treasurer, Golden K Kiwanis**

**P.O. Box 494, Alexandria, Minnesota 56308**

**[stonej1@gctel.net](mailto:stonej1@gctel.net)**

**320-491-4405**

**INTERNAL USE:**

**Date received: \_\_\_\_\_**

**Date reviewed: \_\_\_\_\_**

**Approved/ Denied: \_\_\_\_\_**

**Date funded: \_\_\_\_\_**

