



Funding Request Form

Today’s Date: _____ **Organization Name:** _____

Is the Organization a Non-Profit: YES NO **Amount Requested:** _____

Contact Person: _____

Phone Number: _____ **Email:** _____

Organization Mailing Address: _____

Would you be willing to come to a Gloucester Rotary meeting to speak about the work of your organization and how you plan to use requested funds? YES NO

How will funds received be used? (Please be specific): _____

Who are the beneficiaries of the funds? Approximately how many people will benefit? _____

Please return the completed form to:

The Gloucester Rotary Club
Attn. Service Project Funding Request
P.O. Box 811, Gloucester, VA 23061

OR

to Henry Moncure at HWM1974a@outlook.com