Hurricane Relief - Project Request and Acceptance Form

Date of Request: ______________________

Club Name: ____

Contact Person: ____

Address: ____

City, State, Zip: _______________________________________

Phone Numbers: Home: ________________ Work: ________________

Cell: ________________ Fax: ________________

E-mail Address: ______________________________

Project Title: ____

Project Scope: ____

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Individuals served: ____________________ Amount of request: $____________

Date funds needed: ____________________

Disbursement description: ________________________________

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Approval for Project – Club President ______________________________
Signature

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Below to be completed by District 6200 Foundation, Inc.:

Amount approved: $________ Date: ____________ By: ________________

Project number: __________ Fund Source: ___________________________

Modifications to the above request: _________________________________

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Description of approved distribution method: ___________________________

Disbursements: ____