



Friend of Youth

KIRKWOOD OPTIMIST CLUB

KIRKWOOD, MISSOURI

DONATION REQUEST FORM

Name of Person or Organization _____

Address _____

Phone # _____ FAX # _____

Name of Optimist Club member sponsoring your request _____

If not sponsored by a Club member, how were you referred to the Kirkwood Optimist Club?

Describe your organization including your mission, your sources of revenue and the individuals or groups that benefit from your support. Please be specific.

What amount are you requesting? _____

What will this donation be used for? Please be specific. _____

Are you willing to attend an Optimist Club meeting to present the need for our support?
