



## **EAGAN LION'S CLUB DONATION QUESTIONNAIRE REQUEST**

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|---|--|
| <b>NAME OF 501c3 ORGANIZATION:</b>  |  |
| <b>ADDRESS:</b>   |  |
| <b>CONTACT:</b>   |  |
| <b>DATE OF REQUEST:</b>   |  |
| <b>NAME OF PROGRAM OR SERVICE:</b>  |  |
| <b>NAME OF PROGRAM DIRECTOR:</b>  |  |
| <b>ADDRESS OF PROGRAM OR SERVICE:</b>   |  |
| <b>PROGRAM DIRECTOR PHONE NUMBER:</b>   |  |
| <b>GOALS AND OBJECTIVES OF PROGRAM OR SERVICE:</b>  |  |
| <b>IS THIS A REQUEST FOR AN INDIVIDUAL?<br/>WHO WOULD BE THE RECIPIENT? DESCRIBE<br/>SITUATION AND NEEDS.</b> |  |
| <b>LENGTH OF PROGRAM:</b>   |  |
| <b>HOW DOES IT IMPACT EAGAN:</b>  |  |
| <b>AMOUNT OF FINANCIAL HELP REQUESTED:</b>  |  |
| <b>FREQUENCY OF FINANCIAL AID:</b>  |  |
| <b>DOES IT REQUIRE LIONS CLUB VOLUNTEERS:</b>   |  |
| <b>HOW MUCH TIME IS REQUIRED BY LION'S<br/>MEMBERS:</b>   |  |
| <b>WOULD SOMONE BE AVAILABLE TO SPEAK TO<br/>THE LIONS CLUB ABOUT REQUEST:</b>                                |  |
| <b>INFORMATION BELOW TO BE COMPLETED BY<br/>FINANCE COMMITTEE</b>   |  |
| <b>DATE RECEIVED:</b>   |  |
| <b>DATE REVIEWED BY LIONS CLUB FINANCE<br/>COMMITTEE:</b>   |  |
| <b>DATE REVIEWED BY CLUB:</b>   |  |
| <b>DATE ORGANIZATION CONTACTED:</b>   |  |

E-mail this to: [president@eaganlions.com](mailto:president@eaganlions.com) or mail to Eagan Lions, PO Box 22032, Eagan, MN 55122