

GENEVA LAKE WOMEN'S ASSOCIATION

Donation Request Form

Mail to: GLWA, P.O. Box 671, Lake Geneva, WI 53147
or email to treasurer@glwa.net

Date of Request: _____ Amount of Request: _____

Name of Organization: _____

Organization's Contact Information:

Name: _____

Address: _____

Phone: _____ Email: _____

Information about the organization: _____

Is this a 501(c)(3) organization? _____
Does the organization benefit Walworth County? _____

How will the donation be used? *Please provide a reason other than operating expenses; i.e., salaries, office supplies, web development and other similar expenses.* _____

Person Requesting Donation: _____

Affiliation with Organization: _____

Receiving this form gives GLWA permission to use the information in its social media and publicity marketing materials.

FOR INTERNAL USE ONLY:

Recommended by Disbursements Committee: Date _____

Submitted to GLWA Board of Directors: Date _____

Approved by GLWA members: Meeting Date _____ Secretary sign-off: _____

Payment: Amount and Date _____ Presentation date: _____

Not recommended by Disbursements Committee: Date and Reason _____
