

**GENEVA LAKE WOMEN'S ASSOCIATION**

**Donation Request Form**

Mail to: GLWA, P.O. Box 671, Lake Geneva, WI 53147

or email to: development@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? \_\_\_\_\_ FEIN \_\_\_\_\_

Is it registered in WI as a charitable 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 \_\_\_\_\_

\_\_\_\_\_