

**Knife Lake Sportsmen's Club  
PO Box 254  
2825 MN Hwy 65  
Mora, MN 55051**

**Request for Donation Form**

Name of organization/Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City and State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Type of Organization (501(c)(3), Non-profit, Social, Government, etc):

\_\_\_\_\_

Tax ID number (if applicable): \_\_\_\_\_

Total amount of funds requested: \_\_\_\_\_

Briefly describe the reason for this request: \_\_\_\_\_

\_\_\_\_\_

Have you requested funding for this project (or do you plan to) from any other association? If yes, please explain:

\_\_\_\_\_

Have you previously received a donation from the Knife Lake Sportsmen's Club? If yes, when?

\_\_\_\_\_

Name of person submitting this request: \_\_\_\_\_

Title: \_\_\_\_\_

Name of organization: \_\_\_\_\_

Phone number: \_\_\_\_\_ Date: \_\_\_\_\_

**To ensure your request is considered, please complete this form in its entirety.**

**Mail the completed form and any supporting documentation to the address provided at the top of the form.**

**Requests are reviewed by the donation committee during the monthly membership meeting.**