

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

E-MAIL: scgambling@knifelake.us

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: _____

Email Address: _____

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

E-MAIL the completed form and any supporting documentation to the E-mail address provided at the top of the form.

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