

THE ROTARY CLUB OF EAST LAKE SUNRISE CHARITY GRANT APPLICATION

TO: The Rotary Club of East Lake Sunrise Charitable Giving Committee

Please cons	ider support of	f (please indicate the leg	al name of the	501(c)(3) organ	nization):	
ADDRESS:						
	Street	City		State		Zip
TELEPHONE		FAX	: <u> </u>	EN	MAIL:	
GOAL: Indica	te the goal of this	organization (attach additiona	l pages if needed)	:		
Purpose: Inc	licate use of gra	ant and reasons your organ	nization should	receive funds:		
	estival, if your o	lease indicate how your org	-			
ANTICIPA \$		OF PROJECT: \$	REQI	UESTED AMO	OUNT:	
Please enclose	a COPY of the	organization's most recent F	orm 990, and any	y additional suppo	rt materials	deemed appropriate.
supporting m	aterials, is true	by certify that the information and correct to the best of o				
_	to so certify on it		DATE			
NAME (Prin		TIT				

APPLICATION SUBMISSION:

 $Applications \ may \ be \ e\text{-mailed to info} @eastlake rotary. org.$