EASTON LIONS CLUB

P.O. Box 1032, Easton, Massachusetts 02334

FUND SCREENING REQUEST FORM

YOUR NAME: _____ORGANIZATION: _____

TOTAL COST OF PROJECT: $_____ ☐ (IF AD BOOK ✔BOX & ATTACH SIZE/COST INFO)

AMMOUNT REQUESTED: $ _____ DATE MONEY IS NEEDED: _____

ORGANIZATION MEMBERSHIP: # _____ ARE YOU A NON-PROFIT ORGANIZATION? : _____

1- PURPOSE OF THE REQUEST:

(Please attach any information about your organization & request for funds that will help us in considering this requisition)

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2- HAS YOUR GROUP HAD OR PLAN TO HAVE ANY FUNDRAISING ACTIVITIES TO HELP FINANCE THIS PROJECT?____
IF YES PLEASE DESCRIBE BELOW

FUND -RAISER	DATE	% OF COST RAISED BY PREVIOUS FUND-RAISER	ESTIMATED % OF COST TO BE RAISED BY FUTURE FUND-RAISER

3- HAVE YOU OR DO YOU PLAN TO APPROACH OTHER ORGANIZATIONS FOR FUNDING?_____
IF YES PLEASE LIST ORGANIZATIONS BELOW:

_____

SIGNATURE : _____ **DATE:**_____

ADDRESS: _____ **PHONE:** _____

_____ **E-MAIL ADDRESS:** _____