



CONFIDENTIAL  
DONATION REQUEST FORM

Please complete this form in its entirety, and return to: GLACV, PO Box 352, Richland, MI 49083

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Amount of Request: \$ \_\_\_\_\_

Date Funds Are Required: \_\_\_\_\_

Reason for Request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you received help from GLACV in the past? (Briefly explain item and amount received)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you requested help from any other organization for this item?  No  Yes

How did you hear about Gull Lake Area Community Volunteers?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

IMPORTANT: Please read the following and sign below, indicating your intent.

I, \_\_\_\_\_, representing (organization name) \_\_\_\_\_, intend to utilize any funds received from the Gull Lake Area Community Volunteers in accordance with the above application, which is detailed to the best of my ability. I understand that funds received from the Gull Lake Area Community Volunteers are to be used ONLY for the item(s) described above. In addition, I understand that if I am not able to utilize the funds as described above (i.e. if full funding is not received and the project, camp, etc. does not take place), that those funds should be RETURNED to the Gull Lake Area Community Volunteers, to better serve the entire Gull Lake Community.

Signed \_\_\_\_\_ Date \_\_\_\_\_