



DONATION REQUEST

Approve Disapprove Need More Information

Date _____ Initial of Board Authority _____

Today's Date

Event Date

Organization Name

Contact Name

Full Address: City | State | Zip

Email Address

Funds Requested

Item(s) Requested

\$ _____

Are Funds Spent Locally?

YES NO

Number of people attending/benefiting from event

How Kanokla will be recognized during event

Event Description (use back of page with additional information if needed)

Make Check Payable To _____