District 4-C 1 Humanitarian Foundation

Tax ID # 95-3527334 www.4c1humanitarianfoundation.org

Application for Assistance

Club Name:			Date	2:	
Region:		Zone	e:		
Mailing address:					
Contact Person:					
Email:					
· ·					
	Reason for Re	quest			
_					
Has other financial assistance been	Υ	N	(circle one)		
Has other financial assistance bee	Υ	N			
Is there a deadline or urgency to the	Υ	N			
Explain if yes for deadline/urgency	/:				
	,	Amount dor	nated b	y Club \$:	
		Amount r	aised b	y Club \$:	
	Amount req	uested fron	n Found	lation \$:	
	Total Do	ollar Amour	nt for P	roject \$:	
Club President Name:		Signature:			
Club Secretary Name:		Signature:			

Email application to: lionjamie4c1@gmail.com -OR- call (530) 934 5898 for mailing address

Action by the Board of Directors				
Request Granted:	Υ	N	(circle one)	
Information requested:	Υ	N		
Amount Do	nated \$:	Date:	
Action Taken:				
Foundation President Nam	ne:		Signature:	