

District 4-C1 Humanitarian Foundation

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

Application for Assistance

Club Name: _____ Date: _____

Zone: _____ Region: _____

Mailing Address: _____

Contact Person: _____

Email: _____ Phone: _____

Reason for Request

Has other financial assistance been requested? Y N (*circle one*)

Has other financial assistance been offered? Y N

Is there a deadline or urgency to this request? Y N

Explain deadline _____

Amount donated by Club: \$ _____

Amount raised by Club: \$ _____

Amount requested from Foundation: \$ _____

Total Dollar Amount for Project: \$ _____

Club President Name: _____

Signature: _____

Club Secretary Name: _____

Signature: _____

Action by the Board of Directors

Request Granted: Y N (*circle one*)

More information: Y N

Amount Donated: \$ _____ Date: _____

Action Taken: _____

Foundation President Name: _____

Signature: _____

Email application to Jon-Michael at jmpizzy@gmail.com -OR- call (530) 598-2178 for mailing instructions www.4c1HumanitarianFoundation.org