



Kiwaniis Club of St. Augustine Donation Application

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All requests must be received by August 31, 2017.

The Kiwanis Club of St. Augustine Fiscal Year runs from Oct. 1st, 2017 to Sept. 30th, 2018.

We are proud to serve the community of St. Augustine. We consider our club very fortunate that this community has welcomed and supported us so favorably in the years that we have been established. It is both our pleasure and our responsibility to give back to the community through countless donations to children based projects and events.

We will give serious consideration to the support of your organization or event. Your request may or may not be granted depending on a range of factors including but not limited to legal considerations, time frames, the percentage of benefit actually reaching its intended source and the number of projects we may be supporting at any given time.

In order to ensure that your request may be implemented, we hope you will understand that we should receive your request by August 31st, 2017 to be included in our annual budget. Although this sometimes may seem to complicate the process, we have learned that in order to process all requests and ensure appropriate personnel are notified this is a necessary step to guarantee a smooth transaction.

Please thoroughly complete the information requested on each page of this application and return to us using one of the methods listed below. We will give your request serious consideration. Thank you for also supporting our community, for choosing Kiwanis Club of St. Augustine, and for your continued support.

Please send the completed application using one of these methods.

Email: info@kiwanisofstaugustine.com

US Mail: Kiwanis Club of St. Augustine
PO BOX 637
St. Augustine FL 32085

Office Use	
Date Request Received:	
Approved By:	Approval Date:
Commitment:	
Club Communication:	Date:



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PLEASE CLEARLY PRINT OR TYPE ALL YOUR RESPONSES

Benefit Organization		
Organization Name:		
Organization Address:		
City:	State:	Zip:
Organization Main Phone:		

Contact Information	
Contact Name:	Title:
Daytime Phone:	
Evening or Cell Phone:	
Email:	Fax:

Event	
Event Name:	Date:
Description:	
Who Is This Benefit Targeted Towards?	
Has Kiwanis Club of St Augustine Supported This Event In The Past?	
If Yes, Date(s) Previously Supported:	
If Yes, Who Was The Contact For The Past Event?	
What Was Our Previous Level of Support?	

Donation or Discount Request
How May We Best Help In Support of Your Event?
What Would Be An Alternative Method In Which We May Help You?

Applicant Signature	
By signing below, I acknowledge the following:	
1 – I am an authorized agent of the organization listed.	
2 – Any products or materials granted through this request will only be used in support of the event noted.	
3 – Any products or materials granted will only be used in the manner in which they are intended.	
4 – The items obtained through this request will not be used for resale.	
5 – The Kiwanis Club of St Augustine may use my name and the organization name in promotional materials.	
Signature:	Date:
Printed Name:	Title: