



SOROPTIMIST

Best for Women®

Soroptimist International of Whitefish welcomes the opportunity to help those in need, especially those within our community. Our Mission: To improve the lives of women and girls in local communities and throughout the world.

DONATION REQUEST FORM

Date: _____

Organization Name: _____

501 (c) (3) Nonprofit? _____

Federal Tax ID: _____ or Social Security # if individual request: _____

Contact Name: _____ Title/Position: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Website: _____

Mission Statement: _____

Total Budget: _____ Amount Requested: _____

Administration Costs: _____

How are you raising money to reach your goal and how much have you raised so far? _____

How our donation will be spent: _____

How our donation will improve the lives of women and girls: _____

What percentage of those helped will be in our local community? _____

Donation Deadline Date: _____

How have you used past donations from Soroptimist International of Whitefish? _____

We encourage you to attach any supporting documents you would like us to consider while reviewing your request. Submit completed forms to the address below, you will then be contacted by our Funding Request Committee.