



Knights of Columbus Donor Advised Fund

PO Box 8282 Rochester MN 55903

Charitable Contribution Request Form

General Information:

Name of the Organization for which the funds are being requested:

Address:

Contact: _____ Phone: _____

Organization Information

1. Description of organization:

2. Purpose and goals of the organization:

3. Other sources of funding for the organization:

4. Is this organization a tax exempt organization under IRS Section 501(c) (3)?

Yes No

5. Please describe any relationship between this organization and the person(s) making this request:



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Program / Project Information

6. Specific program or project for which funding is requested:

7. Please quantify, as much as possible, the impact of the potential funding being requested. What results are being obtained now without the requested funds? How will the results change if this request is funded?

8. What are the goals of the project (long term and short term)?

9. How will the success of the project be measured or evaluated?

10. How will the results of the project be reported to us?

11. Amount of funding requested: _____

To Be Attached:

1. Proof of 501(c)(3) status
2. Descriptive literature of the organization, its programs, and the specific project or program for which funds are requested.
3. Any other information that may help us in determining whether to fund this request.
4. **Return completed form and attachments to address above.**

Person Submitting this Request: _____

Phone: _____ E-mail: _____