



**Application Request for Charitable Donation**  
**Holy Spirit Knights of Columbus Council 11460, Rochester MN**

**Instructions:** To recipients and/or the agents of recipients to receive financial consideration, complete and submit the application to the Charities Committee. Please complete all sections of the application. Either return form to any council member or mail form to: Attn. Charities Committee Holy Spirit Knights of Columbus, 5455 50<sup>th</sup> Avenue NW, Rochester, MN 55901.

**Recipient of Donation:** \_\_\_\_\_  
(make check payable to)

**Amount of Request:** \$ \_\_\_\_\_

**Would recipients consider a Pancake breakfast? Y/N**\_\_\_\_ **or Roadside Cleanup Y/N**\_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Date Funds needed:** \_\_\_\_\_

**Contact Person Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Purpose: (Explain fully the details of the request. Attach additional info if necessary)**

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Council use only:

Charities Committee:      Approved: \_\_\_\_\_      Disapproved: \_\_\_\_\_

Amount Approved (if different from request): \$ \_\_\_\_\_

Charities Committee Chairman: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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