



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 50th 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)

Council use only:

Charities Committee: Approved: _____ Disapproved: _____

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

Charities Committee Chairman: _____ Date: _____

Notes: _____
