



BAY CITY NOON OPTIMIST CLUB
Serving The Youth Of Bay County For Over 50 Years
Request For Donation Form
Please Allow 30 Days For Board Review



Date Of Request: _____ Date Funds Will Be Needed: _____

Name Of Person/Organization Making this Request: _____

Address: _____ Phone: () _____

Use Of Funds Requested (Be Specific): _____

How Many Youth Will Be Served: _____ Total Estimated Cost Of This Project: \$ _____

Amount Being Requested \$ _____

Will There Be A Cost For The Youth To Attend (Y) (N) If Yes, How Much: \$ _____

How And Where Will This Activity Be Publicized: _____

How And Where Will The BAY CITY NOON OPTIMIST CLUB Be Credited With Sponsorship:

Will There Be Other Sponsors (Y) (N) If Yes, How Many _____

What Happens To Funds Requested If Not Enough Funds Are Raised For This Project/Program?:

Would Someone From Your Organization Be Willing To Talk To Our Members On This Program (Y) (N)

To Whom Should Check Be Made Payable: _____

Address : _____

Mail, Or Fax, Completed Request To:

Bay City Noon Optimist Club
 Attn: Karen Monville, Treasurer
 2800 North Euclid
 Bay City, Michigan 48706

Phone: 989-671-1287

Fax: 989-460-0799