



Central Minnesota Noon Optimist Club

Charitable Gambling Donation Request

Date of Request: _____

Name of Organization: _____

Purpose/Mission of Organization: _____

Address: _____

City / State / ZIP: _____

Phone / Fax / Email: _____

Name of Contact Person regarding this request: _____

Is your organization an IRS 501(c)(3) not-for-profit? YES EIN: _____

If no, please list the fiscal agent for this request and their EIN number:

_____ EIN: _____

Please give a brief description of the project to be funded or the purpose of the funding:

How many youth will be impacted as a result of this funding?: _____

What is the age of the youth that will be effected by the project?: _____

How will you measure the success of this project?

Amount Requested: \$ _____

Date when funds are needed: _____

Total Project Budget: \$ _____

Total Organization Budget: \$ _____

Please list sources of other funding for this project:

Has your organization received funding from either the Central Minnesota Noon Optimist Club or St. Cloud Morning Optimist Club within the last three years and if so, what amounts were contributed and for what purpose?

Is someone from your organization a Member of an Optimist Club (Optional)? _____

If not, does someone from your organization intend to become a Member?

How will our contribution to your organization be recognized (Optional)?

Does your organization have a Lawful Gambling License? _____ YES _____ NO

If yes, what is the license Number? _____

Please submit your completed request to:

Mail: Deb Fischer/Central Minnesota Noon Optimist Club
17000 Danzig Rd
Kimball, MN 55353-9704

Phone: (320) 398-6522

Fax: (320) 398-2125

Email: debfisher@meltel.net

NOTE: Please attach a copy of you federal tax letter to this submission.