

Wilsonville Kiwanis Outreach Program

29030 SW Town Center Loop • Suite 202-256 • Wilsonville, OR 97070

www.wilsonvillekiwanis.org

Request for Funding

Applicant Name _____

Address _____

Contact Name _____ Title _____

Telephone _____ FAX _____

Email _____

Organization's tax-exempt Identification number _____

REQUEST

Amount requested \$ _____ Date needed: _____

Purpose of Request:

Who will benefit?

Please mark the age group(s) the proposed activity will serve.

- Infants & toddlers (up to age 5)
 Children (ages 5-12)
 Youth (ages 13-18)

Other sources of funding for this purpose:

Brief Program description:

Other information about your program or the beneficiary that you would like to share:

Certification

I hereby affirm that the information provided in this application is accurate and complete to the best of my knowledge

Requestor signature

Date