



Calvert Garden Club

Charitable Donation Request

CGC Member Sponsor: _____

Date: _____ Date Funds Needed: _____

Beneficiary Information

Name of Organization: _____

Contact Person: _____ Title: _____

Mailing Address: _____

Phone Number: _____

Email: _____

Non Profit Organization: Yes / No Amount of Funds Needed: _____

How will donated funds be used:

CGC Executive Board Use Only

Date Received: _____ Date Approved: _____

Approved: Yes / No Authorized Signature: _____

Check #: _____ Donation Amount: _____ Date Mailed: _____

Reason for denial: