

# *Twin City Garden Club*



## CHARITABLE GIVING REQUEST FORM

*Please note: The deadlines for Charitable Giving Requests are October 15 and February 15. If additional information needs to be provided, please attach to form.*

**Name of TCGC member submitting request:** \_\_\_\_\_

**Name of Organization:** \_\_\_\_\_

**Contact Person: (Mr./Mrs./Ms./Dr.)** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Requested Amount: \$** \_\_\_\_\_

**Mission of Organization:** \_\_\_\_\_

\_\_\_\_\_

**Please describe how the funds will be used:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**During what time period will the funds be used?** \_\_\_\_\_