



Twin City Garden Club

CHARITABLE GIVING NOMINATION FORM

*Deadline for nominations: **February 15**. If you would like to include additional information, please attach it to this form.*

TCGC member submitting request: _____

Organization Name: _____

Organizational Contact: _____

Address: _____

Phone: _____

Email: _____

Requested Amount: \$ _____

Mission of Organization: _____

Please describe how the funds will be used. _____

During what time period will the funds be used? _____
