

REQUESTED AMOUNT: _____

DONATION REQUEST FORM

Tell us about yourself/your organization... Name: **Organization:** Address: **Email address:** Phone number: Best time to reach you: _____ Tell us how the Medway Lions Club may help you... Description of need (attach documentation if available):

NOTE: The Medway Lions Club's Board of Directors meet monthly and review all submitted donation requests for approval, which is granted on a case-by-case basis. Requested amount is required before a decision will be made regarding the donation request. Once you have completed the form, please return it to the address below. Thank you.

Return completed form to:
Medway Lions Club
Attn: Donation Requests
P.O. Box 132
Medway, MA 02053