

Altrusa International Foundation of Eastern Sierra, Inc.

Community Request for Donation

Altrusa's mission is to support programs that encourage community service, literacy and/or leadership. Your application should reflect a pursuit of our goals.

Name: _____ Date: _____

Address: _____ Email: _____

_____ Phone: _____

Amount Requested: _____

Purpose of Donation: (attach budget)

Altrusa is committed to the support of projects that serve the needs of our community. How does your goal fulfill our mission?

What additional sources will be utilized?

___ Family

___ Church

___ Fund Raisers

___ Other Service Organizations: Please List _____

**Mail your request to: Altrusa International Foundation of Eastern Sierra, Inc.
PO Box 1795, Bishop CA 93515 or give it to an Altrusa member.**

Note: Please have the request in by the first of the month so that it can be presented at the business meeting on the 2nd Thursday of the month.

Office Use Only:

Approval by Committee ___ Yes ___ No Date: _____

Club Ratification ___ Yes ___ No Date: _____

Check # _____ Date: _____