

Charity Request Application

Knights of Columbus All Saints Council 4240

W164 N9161 Water Street * Menomonee Falls, WI * 262-255-4240
Mailing Address: P. O. Box 151 * Menomonee Falls, WI 53052-0151

1. Sponsor: _____ Date: _____
2. Amount of Proposed Donation: \$ _____
3. Who is the Donation for? : _____
4. Describe the reason for the request below, or on a separate piece of paper, if necessary. Requests should include (a) their purpose; (b) present financial status; (c) sources and amounts of income; (d) legal charitable status as determined by taxing agencies; (e) need for charity; and (f) what actual and specific use will be made of the Donation. (Document as fully as possible).

DO NOT WRITE BELOW THIS LINE

Rev 7/2021

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1. Application Number: _____
 2. Committee Action: Approved Modified Not Approved DATE: _____
If modified, list the date that the proposing member was notified: _____
If not approved state reason: _____

Don McInnes GK _____ Tom Richter _____

Derek Kalscheur _____ Tyler Schleicher _____

John Schleicher _____ Kevin Sindelar _____
 3. Date Presented to Council: _____
 4. Council Action: Approved Not Approved
 5. Donation Sent: Date _____ Check #: _____ Amount: \$ _____