



DONATION APPLICATION

Name of Organization: _____

Address: _____

Contact: _____ Contact #: _____

Contact Email: _____

Date of Request: _____ Donation Requested: _____

How did you hear about SCI Lake Superior Chapter? _____

Is this a non-profit organization? _____ Yes _____ No

Explain what services your organization provides: _____

Please provide a brief explanation of what the donation will be used for: _____

Please attach any literature or pamphlet you may have on your organization.

** For donations exceeding \$500.00 SCI-Lake Superior Chapter requires Sponsorship acknowledgment displayed at your event or organization.

Send completed form to: Lake Superior Chapter – SCI – 23810 Manning Trail North – Scandia, MN 55073

Email: lstreasurersci@gmail.com

Questions: Treasurer - Bob Boyce – 651-248-3498

SCI LSC USE ONLY

Donation Approved? _____

Date Approved: _____

Amount Approved: _____

Approved By: _____