



St. Francis Area Chamber of Commerce

PO Box 655, St. Francis, MN 55070

763-438-5163 • chamber@stfrancischamber.org • www.stfrancischamber.org

Application for Donation Requests

Please type or print

Name of Organization _____ Tax ID No. _____

Street Address, City, State, Zip _____

Contact Person Name and Title _____

Contact Person Telephone Number _____

Briefly describe the nature of your organization/program _____

State the purpose of your donation request, and how funds from The Chamber will be used.

What is the dollar amount you are requesting? _____

What percentage of these funds will go directly to the service of your program? _____

Signature of Representative

Date

According to the Chamber bylaws, Article IX, Section 6, donation requests must be approved at a board of directors' meeting and must meet the guideline of benefiting the Chamber and its members.

ST. FRANCIS AREA CHAMBER OF COMMERCE APPROVAL BELOW

Revised 07/16/2007

_____ Donation Request Approved Amount: \$ _____

_____ Donation Request Rejected
Reason _____

Signature of Chamber Representative

Date