

Charitable Request Form

Knights of Columbus Notre Dame Council No. #5163

The Knights of Columbus Notre Dame Council #5163 seeks to support local organizations in line with our mission that are focused on providing aid, promoting human dignity, and furthering the mission of the Catholic Church.

How it works:

We understand the importance of making the most of our limited charitable budget, ensuring that donations are allocated in a strategic and impactful way. To achieve this, our Charitable Giving Advisory Committee reviews donation requests on a quarterly basis; carefully assessing each proposal to ensure that funds are distributed efficiently and in alignment with the Council's mission and goals. While we do our best to accommodate urgent requests, we can't always guarantee it. Please submit your request by the following yearly deadlines to be included in our quarterly review:

March 15

June 15

September 15

December 15

Our committee will review each request, and you should hear from us within three weeks of those dates. We appreciate your patience as a small volunteer-run organization.

| Today's Date: | |
|---------------|--|
| | |
| MM/DD/YYYY | |

Knights of Columbus Notre Dame Co #5163 | Ste. Marie Parish PO Box 4051, Manchester, NH 03103



Organization Info

Please write in legible print, filling all fields.

| Organization Name | | |
|---------------------------|---|----|
| Organization Name | As it should appear on a check | |
| Organization Websi | te: | |
| Mailing Address: _ | | |
| | Street | |
| _ | City, State, Zip Code | |
| Is this organization Yes | federally recognized as a 501(c)3 by the IR | S? |
| ☐ No | | |
| Other: | | |
| Federal EIN: | | |
| Is this a Catholic or | ganization? | |
| ☐ Yes | | |
| □ No | | |



Your Info

| Please provide you | ur contact info. | | |
|--------------------|---------------------------------|-----|---|
| Contact Name: _ | First & Last | | |
| Email: | | | |
| Phone: | (xxx) xxx-xxxx | | - |
| Knights of Colum | nbus Contact Name (if applicabl | e): | |
| First & Last | | | |



Donation Info

Please tell us a little more about your organization and how you plan to utilize the funds donated!

| Brief description of Organization or Person(s):* | | |
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| Purp | pose of request and how the funds would be used: * | |
| Purp | pose of request and now the funds would be used: ^ | |
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| Donation Amount: \$ |
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| Is this a one-time donation? |
| ☐ Yes |
| ☐ If <u>No</u> , how often? Please describe: |
| Has this Council previously provided funding? |
| □ No |
| ☐ If <u>Yes</u> , when and how much: |
| |
| Is funding being solicited from other sources? |
| □ No |
| ☐ If <u>Yes</u> , please describe: |
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Please submit all requests electronically to notredame5163@gmail.com

Thank you, and God Bless!