



**KIWANIS CLUB OF WILLIAMSBURG
POST OFFICE BOX 1017
WILLIAMSBURG, KENTUCKY 40769**

REQUEST FOR SUPPORT

(FILL OUT AND RETURN TO THE ADDRESS ABOVE)

DATE OF REQUEST

CONTACT PERSON(S)

NAME OF ORGANIZATION OR INDIVIDUAL

ADDRESS

CITY

STATE

ZIP CODE

EMAIL ADDRESS

PHONE NUMBER

PURPOSE OF SUPPORT

NUMBER OF CHILDREN TO BE HELPED

\$ _____ . _____
AMOUNT REQUESTED

DO NOT WRITE BELOW THIS LINE: FOR KIWANIS USE ONLY

APPROVED

DECLINED

ADDITIONAL INFORMATION REQUIRED

DATE