



ABBOT PENNING'S COUNCIL 3955  
CHARITY REQUEST FORM

Date: \_\_\_\_\_

To: Chancellor (email KofC3955Charity@gmail.com)  
Abbot Pennings Council - 3955

Submitted by: \_\_\_\_\_

Phone/email: \_\_\_\_\_

Name of Charity: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip \_\_\_\_\_, \_\_\_\_\_

501(c)3 charity Yes / No

Amount Requested: \$ \_\_\_\_\_ Total Amount Needed: \$ \_\_\_\_\_

Other Funding Sources: \_\_\_\_\_

Name & Address where check is to be mailed \_\_\_\_\_

Date needed by: \_\_\_\_\_

Charitable Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach any letters, forms or other documentation pertinent to this charitable request.

**Due to Chancellor by 25<sup>th</sup> of the month.**

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**Internal Use Only**

Church Activity: \_\_\_\_\_ Community Activity: \_\_\_\_\_ Council Activity: \_\_\_\_\_  
Family Activity: \_\_\_\_\_ Youth Activity: \_\_\_\_\_ Culture of Life Activity: \_\_\_\_\_

Approved: Yes/No Amount Approved: \$ \_\_\_\_\_