



Fr. M. Joseph McDonnell Council #11044 Carmel, Indiana

Charitable Request Form

Date: _____

Amount Requested: _____

Organization or Person(s) requesting funding: _____

Mailing Address: _____

Contact Name: _____

Phone Number: _____

Email: _____

Knights of Columbus contact name (if applicable): _____

Brief description of Organization or Person(s):

Purpose of request and how the funds would be used:

Is this a Catholic Organization? Yes or No

Has the council previously provided funding? Yes or No

If yes, when and what was the amount? _____

Is this a one-time request? Yes or No

If not, what would be the frequency of solicitations? _____

Is funding being solicited from other sources? Yes or No

If yes, please describe: _____

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Charitable Request Form

Name as it should appear on check: _____

Address for delivery of check: _____

Any Special Instructions?

Other Comments (if applicable):