



Donation Request Form

The following is a lawful request for financial assistance under the guidelines set down by the Charitable Gambling Control Board of the State of Minnesota.

CONTACT INFORMATION	
Date	Request #
Requesting Organization/Individual	
Person Submitting the Request	
Street Address	
City, State, Zip	
Phone Number	
GENERAL PURPOSE FOR REQUEST	
<p>Check the appropriate code for which funds requested will be used for.</p>	
<input type="checkbox"/> A1 Contribution to a 501(c)(3) organization or to a 501(c)(4). Attach IRS approval letter.	<input type="checkbox"/> A4 Education/Schools Attach LG555.
<input type="checkbox"/> A2 Poverty, homelessness, or disability.	<input type="checkbox"/> A5 Scholarships
<input type="checkbox"/> A3 State approved program for the education, prevention, or treatment of problem gambling.	<input type="checkbox"/> A6 Youth (under age 21)
	<input type="checkbox"/> A11 Church
	<input type="checkbox"/> A12 Surface water quality. Attach LG555.
	<input type="checkbox"/> A13 Wildlife management, snowmobile trails, or DNR programs approved by DNR. Attach LG555.
	<input type="checkbox"/> A14 Dining or nutritional programs for elderly or disabled.
	<input type="checkbox"/> A15 Community Arts
	<input type="checkbox"/> A19 Humanitarian Service
REASON FOR REQUEST	

LAWFUL REQUEST INFORMATION	
What is your total amount of need?	
How much have you raised to date?	
How much are you requesting from us?	
What is your area of service?	
What other groups have you approached?	1.
2.	3.
4.	5.
What other funds do you anticipate receiving?	
Is approval needed from another governing body? (School Board, City Council, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, from whom? (Name and Position)	
Who should the check be made payable to?	
Date funds requested are needed by?	
Recipient of Contribution	
Phone Number	
Street Address	
City, State, Zip	
Are you a licensed organization? If so, attach signed LG270.	<input type="checkbox"/> Yes <input type="checkbox"/> No

OFFICE USE ONLY

Investigating Person of Contributing Organization	
Phone Number of Investigating Person	
Committee Findings	
Committee Recommendation	
Board of Directors Action	Date
Organization Action	Date
Signature	
All required forms have been received prior to issuing the check?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Check Number	
Date Paid	