



Kiwanis Funds Application Form

To be completed by applicant and returned to Crystal Lake Kiwanis Club for consideration.
Please include copy of your 501(C)(3) exemption certificate.

Date: _____

Name of Charitable Organization: _____

Address: _____

Phone: _____ Fax: _____

E-mail: _____ Contact: _____

Number of years in business: _____ Number of (unduplicated) children served _____

Purpose of fund request: _____

Following to be completed by Kiwanis Club Board Member:

Review Date: _____ Amount Approved: _____

Board Member Approval: (Signature) _____

(Signature) _____

Comments: _____

PO Box 1082, Crystal Lake, IL 60039