

Charitable Gambling Fund #34759
Rochester Minnesota Amateur Sports Commission
Request for funds application
(all areas must be filled out)

Name of Organization: _____

Organizations address: _____
(address, city, state, zip code)

Organizations phone number: _____

Name of person submitting application: _____

Type of Organization/Activity:

_____ Governmental (complete LG 503)

_____ 501 (C) (3) Organization

_____ Individual / Family

Scholarship Fund

Recreation or athletic activity

Religious Organization

Description of how the donation will be used:

Signature of applicant: _____

Date: _____

Print name: _____

Contributor Organization Information

Request: _____ Approved

_____ Disapproved

Amount Approved: \$ _____

Date Approved: _____

Check #: _____ Amount of Check: _____ Date Written: _____

Signature of the Chief Executive Officer: _____

Date: _____