

Maine Lobster Festival

Request for Financial Donation

Mail to:

Maine Lobster Festival
Benefactions Committee
P.O. Box 552
Rockland, Maine 04841



Date: _____

Contact Name: _____ Group Name: _____

Mailing Address (& location if different): _____

Phone: _____ Cell/Other # _____

SELECT ONE:

Group for profit: Group no/profit 501(c) (3): School: City/Town:

Total amount to be raised: _____ Deadline (date): _____

Amount requested from ME Lobster Festival: _____

Donation to be used for: *(specific info, supplement documents, brochures if available)* _____

Other fund-raising activities: _____

*Write on back of form if additional space is needed

ADMINISTRATIVE USE ONLY

Vote of the Benefactions Committee: Yes ___ No ___ Date: ___

Amount Awarded: _____ Date of award: _____

Vote of the Executive Committee: Yes ___ No ___ Date: _____

Vote of Board of Directors at the regular meeting: Yes ___ No ___ Date: _____

Contact notified: _____ Committee member notifying: _____