

Lake Emma Township

P.O. Box 92 Park Rapids, MN 56470

Request for Financial Support Form

Organization Name:	Tax ID:
Address:	
City, State, Zip Code:	
Contact Name:	Phone:
Email Address:	

Have you received a Lake Emma Township donation in the past? ☐ Yes ☐ No

Does your organization have a 501(c)(3)? ☐ Yes ☐ No

Date of Request:	Requested Amount: \$
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What is the focus of your organization?

Who are the beneficiaries of your organization's services?

How many residents of Lake Emma Township have used or are using your services?

Additional Comments:

Note: All fields must be completed in order for your application to be considered.

For Office Use Only	
Donation Amount Approved: \$	Date Approved:
Signed:	Paid Date & Initials: