



**Sioux Falls Noon Sertoma Club Application for
Financial Assistance**

**Our main goal is to focus on the youth in our communities, our key focus is on:
Service to Mankind!**

Donation Request Application

Date

Applicant Name:

DOB:

Applicant Full Address:

Applicant Contact Phone Number:

Contact Person:

Please provide detailed information for this Donation Request:

Total Amount of Bill:

Donation Amount Requested:

Name of business where services were completed:

- Check is only to be payable to companies name of service.

Have you ever received a donation of Sioux Falls Noon Sertoma? Yes _____ No _____
If you have received a donation from Sertoma you will not be eligible for 3 years from the
previous donation.

How you heard about Sioux Falls Noon Sertoma Club:

- *Upon completion, Sioux Falls Noon Sertoma Club will review Application for Donation at next upcoming Board Meeting which meets the third Thursday of each month. Any additional follow up will be handled by Donation request Committee Members. Thank you for contracting Sioux Falls Noon Sertoma Club!*
- *Receipts are required upon delivery of Donation.*