



Hometown Civitan Club and Hometown Charities



Member Project Request Form

Submitted by: _____ Date: _____

Benefitting Charity/Organization: _____

Charity Designation: [501(c)(3), 501(c)(4), Other] _____

Contact Name/Phone #: _____

Project Name: _____

Project Start Date: _____ Duration: _____

Project Objective: [Reason for doing the project/what it will accomplish.]

Brief Description of the Project: [Attach more detailed information if needed.]

Volunteer Duties: _____

Number of Volunteers Needed: _____ Time Commitment: _____

Estimated Cost of Supplies/Services: _____

Source of Monetary Support: HCC/HCI _____ Sponsor _____ Fundraiser _____
