

**Brainerd Noon Sertoma Club  
Donations Request Form**

Date: \_\_\_\_\_

Organization or Name of Individual: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Person to Contact for more information: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Evening or Mobile Phone: \_\_\_\_\_

Purpose for Contribution:

Contribution Need by (Date): \_\_\_\_\_

Check Made Payable to: \_\_\_\_\_

Email filled form to: [brainerdnoonsertomaclub@gmail.com](mailto:brainerdnoonsertomaclub@gmail.com) or

Mail to:

Brainerd Area Sertoma Club  
PO Box 9  
Brainerd, MN 56401