# Woman's Club of Pewaukee
## 2020 Donation Application

***DEADLINE TO APPLY – APRIL 1, 2020***

Organization or group _____

Contact Person(s) _____

Mailing Address _____
Street or P.O. Box Number

_____
City State Zip Code

Amount of Request _____

☐ Check if this is the first time your organization has filed an application.

- If checked, *briefly* tell us about your organization, and how a donation would assist in meeting its goals.

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**Signature of Representative** **Title** **Date**