



MINOT
COUNTRY CLUB

DONATION APPLICATION

CONTACT INFORMATION

FIRST NAME: _____ LAST NAME: _____

EMAIL: _____ PHONE: (_____) _____

ADDITIONAL INFORMATION

EVENT NAME: _____

DATE OF EVENT: _____ / _____ / _____

DESCRIPTION OF EVENT:

DONATION REQUESTED: _____

SIGNATURE: _____ DATE: ____ / ____ / ____

THANK YOU FOR YOUR APPLICATION!

YOU WILL RECEIVE NOTIFICATION WHETHER YOUR DONATION HAS BEEN ACCEPTED
WITHIN 12 BUSINESS DAYS.