
LAKE-LEHMAN FOUNDATION

Dedicated to Serving the Lake-Lehman School District and Community

FINANCIAL/DONATION REQUEST FORM

Date: _____

Applicant/Organization Name: _____

Contact Name: _____

Contact Email: _____

Contact Phone Number: _____

Amount of Request: _____

Rationale for Request: _____

BOTTOM PORTION TO BE COMPLETED BY LLF

Date Received by LLF: _____

LLF Decision: _____

LLF President Signature: _____

LLF Secretary Signature: _____