

## **Chinese Club of San Marino (CCSM) Donation Request Guidelines**

The CCSM will consider donation requests that meet the following criteria:

- Non-profit organizations
- Donation that will benefit organizational members or constituents who are primarily residents of San Marino Unified School District
- Donation that will benefit a significant number of people
- Requests that are submitted more than 30 days *before* the donation event
- Organizations that will be able to provide donation receipt to CCSM

The CCSM does not consider donations for the following:

- Religious causes
- Political parties and/or candidates
- Organizations that are in any way discriminatory
- Travel expenses
- Requests from individuals
- Requests with less than 1 month prior to the event
- Incomplete applications
- Applications not sent via email as a Microsoft Word Document attachment

Organizations that meet the above criteria should fill out the Requisition for Donation Form and email it to the President of Chinese Club of San Marino [dentist@drteeth.com](mailto:dentist@drteeth.com)

Chinese Club and Chinese School of San Marino

**Requisition for Donation Form**

- Requisition  $\geq$ \$2000: Completed requisition must be submitted by August first, for announcement at MAF
- Requisition  $>$ \$500 &  $<$ \$2000: Completed requisition must be submitted by 15<sup>th</sup> of April and October for consideration during the Directors' meeting on the first month of May and November
- Requisition  $\leq$ \$500: Completed requisition must be submitted by the 15<sup>th</sup> of the month for consideration during the Directors' meeting on the first Monday of the following month.
- Emergency request (reasons): \_\_\_\_\_

<b>Name of Organization:</b>		<b>Amount Requesting: \$</b>	
<b>Contact Person:</b>		Tel:	Cell:
<b>Address:</b>		Email:	
Description of Item(s)/Service(s) Requested (be specific):			
Estimated Cost of Item(s)/Service(s)- include SPECS and vendor estimates for all equipment requests			
Short-term and Long-term Impact:			
% of participants who are residents of San Marino Unified School District		%	
Additional Comments to support the request (i.e. involvement with or volunteer for CCSM, etc...)			
Submitted by: _____		Date: _____	
<small>Name (Student organization must be sponsored by teacher/adult advisor    Title)</small>			
<b>Board Sponsor: (OPTIONAL)</b>	Sponsor comments:		
	<small>Print Name of CCSM Board Member</small>	<small>Signature</small>	<small>Date:</small>
<b>For office use only</b>	Date scheduled for Board presentation:	<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved \$ _____	