Woman's Club of Hartland
2025 Donation Application

Date _____

Organization or group _____

Organization Contact Person(s) _____

Address _____

Amount of Request $ _____ ☐ Check here if this is the first request for donation.

Briefly, tell us about the organization, and how a donation would assist in meeting the organization's goals, and how the organization would promote the goals of the Woman's Club of Hartland.

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Woman's Club Member Name: _____

Signature:_____