

**REQUEST TO USE
THE NEW JERSEY ROTARY CAPITAL DISTRICT FOUNDATION**

Date

Dr. D. Michael Hart
553 Highland Ave
Westfield, NJ, 07090

drmhart@yahoo.com
Phone - 908-654-7384
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Dear PDG Hart,

The _____ held a meeting on _____ at which a quorum was present. It was agreed that we would like to use the services of the New Jersey Rotary Capital District Foundation to process revenues and expenses for our project described below:

The _____ hereby authorizes the following individuals to be responsible for all generated revenues and expenses associated with this project as appropriate.

Enter name and contact information

Enter name and contact information

Please let me know at your earliest convenience if this project is approved for participation so we can proceed.

Very truly yours,

Signature

Print name

Title