



SOROPTIMIST  
INTERNATIONAL  
TAHOE SIERRA

Soroptimist International of Tahoe Sierra

**Please fill out and return the following form upon receipt of your funds from SITS**

Name of Organization: \_\_\_\_\_ Date: \_\_\_\_\_

Project Title: \_\_\_\_\_

Address: \_\_\_\_\_

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Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

(Use reverse side if needed)

Please describe how these funds will be used: \_\_\_\_\_ Amount Awarded: \$ \_\_\_\_\_

How did these funds affect your organization and who (& how many) did it impact:

Will you be requesting these funds next year? \_\_\_\_\_

You may be asked to come to a Soroptimist meeting and discuss your program(s)? When would you be available? \_\_\_\_\_

Please return to: **Soroptimist International of Tahoe Sierra PO Box 18727**  
**So Lake Tahoe, CA 96151**

or email: [sitahoesierra@gmail.com](mailto:sitahoesierra@gmail.com)