

Heart of America Fly Fishers Donation Form

Revised 07/08/2025

Requestor:

Telephone: (____) _____ E-mail: _____

Fax: (____) _____

What size donation is being requested? \$ _____

Please note the request must be completed annually.

Is the recipient organization Not For Profit? _____

How will the donation be leveraged and by how much? Donated Labor? _____

Matching Money? _____

Revolving Fund? _____

Describe the purpose of the donation: _____

Purposes to be Benefited	Select All That Apply	Purposes to be Benefited	Select All That Apply
Water Conservation		Streams	
Other Conservation		Rivers	
Fly Fishing Education		Lakes	
Other Education		Endangered species and habitats	
Warm Water			
Cold Water		Geographic Benefit	
Fresh Water		Kansas City Metro General Benefit	
Salt Water		Club Fisheries Benefit	
Trout Only		Regional Causes Benefit	
Game Fish Only		National Causes Benefit	
All Fish			

Describe the benefit to be achieved by the donation: _____

Is the benefit measurable? (Y / N) _____

If yes, describe how the benefit will be measured. _____

How will the results of the investment be tracked and reported? _____

Describe the expected annual benefit: _____
