

Application for Monetary Donation

Date of this application _____ Person requesting donation _____

Name of Person or organization needing donation _____

Phone # _____ email _____

Amount needed to raise \$ _____ Amount already raised
\$ _____

Please tell us in your own words what the donation will be used for

Amount recommended by Post Manager \$ _____

Amount recommended by the Finance Committee \$ _____

Endorsed by:

Commander _____

Quartermaster _____

Approved by:

1 Year Trustee _____ Date _____

2 Year Trustee _____ Date _____

3 Year Trustee _____ Date _____

Any donations made will be presented during the monthly meal on the second Friday night of each month at 5 P.M. (No Exceptions)