



Vets for Christ
Of Michigan



Donation Request Form

1) Name and address of Organization, or Person, this gift is to benefit. (Include relationship to Member, if any)

2) Please give a dollar amount for this request : \$ _____

Donations are limited to \$2000 for an organization; \$1200 for an individual per year.

Other non-monetary needs: -----

3) What purpose will this serve? Objectives, Goals, Solutions this donation will accomplish.

4) Will there be receipts for Treasury? YES ___ NO ___

Name of Requesting Member : _____

2nd by : _____ Date of request ____/____/____

PLEASE NOTE: ALL REQUESTS ARE SUBJECT TO EXECUTIVE BOARD APPROVAL

REQUEST: PASSED _____ DENIED _____ TABLED _____ DATE: ____/____/____

Check# _____ Check made out to: _____ Treasurer Int . _____

Comments : _____