

DONATION REQUEST FORM

(for use of those fund donated for a specific program or event i.e. Gift Shops, VA Hospital etc.)

Date: _____

Request for Donated fund, for _____

Requested by: _____

Office/Committee: _____

Amount of Request: \$ _____ or balance on Account

- Before more funds are sent, current balance must be under \$500.00 - please include a copy of your current program bank statement with request - Current Program Bank Balance = \$ _____
- Name on Bank Account _____
- No Program Bank Statement

Make Check Payable to: _____

Address: _____

Phone: _____ Contact Name _____

E-Mail (if available) _____

Signature: _____

Address: _____

Phone: _____ E-Mail _____

Mail to: ALA, Department Secretary
PO Box 5867
Lacey, WA 98509-5867
Phone: 360-456-5995 Fax 360-491-7442
secretary@walegion-aux.org

Date Paid _____
Check # _____
Account # _____