



## Charitable Funds Donation Request Form

Organization: \_\_\_\_\_

Address of Organization: \_\_\_\_\_

Phone number of Organization: \_\_\_\_\_

Point of Contact: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Reason for amount requested: \_\_\_\_\_

If the Board approves, when would you need the funds by? \_\_\_\_\_

Where do we send the funds? \_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

Briefly describe why you think it would be advantageous for the Shaw Spouses' Club to donate to your organization? \_\_\_\_\_

Please mail this form to the address below Attn: Charitable Donation Chair.



PO Box 52337 Shaw AFB SC 29152

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