

Disabled American Veterans Department of Arizona
Chapter/Unit Fund Raiser Request Form

Chapter: _____ Address: _____

Type of Project: _____

Fund Use: General _____ Service _____ Other _____

Type of Fund Raiser: Ongoing: _____ One time Fund Raiser:

Date(s) to be conducted: _____

Location and address of the Fund Raiser: _____

Will the Public be involved with donations? YES NO

Will the Fund Raiser be conducted in other than your area? _____

If "yes" then attach the other Chapter/Unit approval letter.

Estimated Gross receipts from this Fund Raiser? _____

Please research National Constitution and By Laws, Article 15, Section 15.3, Para 9, for further guidance

Please research Department Constitution and By Laws, Section 2, B-11.11 for further guidance.

All requests submitted that are not properly completed will be returned to the Chapter or Unit for correction.

Date of Chapter meeting where membership approval was granted: _____

Chapter/ Unit Commander: _____

Department Approval: Less than \$5000.00

Department Commander: _____ Date: _____

Department Adjutant _____ Date: _____

Department Sr. Vice Cmdr. _____ Date: _____

Department Jr. Vice Cmdr. _____ Date: _____

Finance Chairman _____ Date: _____

Anything Over \$5000.00 Requires approval of the Full Finance Committee:

Approved on (Date of Committee Meeting) _____