

FUND RAISING REQUEST FORM
(Ref. Article XII, Sec. 12.1)
Department of Florida, Disabled American Veterans

DATE: _____

FROM: CHAPTER NAME AND NUMBER _____

TO: _____

TYPE OF FUND RAISING ACTIVITY: Please be specific. For "Donation Drawings", state what prizes will be awarded, date and where prize will be awarded. If alcoholic beverages are involved, so state. If another organization is involved, so state. USE ONE FORM FOR EACH FUND RAISING ACTIVITY.

INTENDED USE OF PROCEEDS: _____

DAY/DATE (S) TO BE HELD: _____

WHERE ACTIVITY WILL BE HELD: _____

10% of the net profits will be forwarded to the State Department of Florida, DAV, on the required reporting schedule. (Quarterly ongoing fund raising, and 30 days following the completion of the event for one-time activities. (Refer to Article 12, Section 12.1, Para. 6, of the State Bylaws).

APPROVED BY CHAPTER VOTE:

DATE

CHAPTER TELEPHONE: _____

ATTEST: COMMANDER/ADJUTANT

HOME TELEPHONE: _____

APPROVED BY DEPARTMENT:

DATE

ATTEST: Executive Director

BALLOT DATE/NUMBER: _____

1. NO REQUESTS WILL BE APPROVED IF A CHAPTER IS DELINQUENT IN ANY PREVIOUSLY APPROVED FUND RAISING REPORTS.
2. ALL CHAPTER FUND RAISING ACTIVITIES MUST BE APPROVED BY THE STATE DEPARTMENT.
3. PLEASE ALLOW THREE WEEKS FOR APPROVAL.
4. REPORT FORMS WILL BE SENT WITH THE APPROVAL.