

FUND RAISING REQUEST FORM

Disabled American Veterans, Department of Michigan
17779 E. 14 Mile Road, Fraser, MI 48026 ~ (586) 415-8610

DATE: _____

FROM: Chapter/Unit/Dugout Name/Number _____

Located in _____, Michigan hereby wishes to apply for approval of the State Department to conduct a fund raising project consisting of a solicitation or sales plan described below:

LOCATION WHERE EVENT WILL BE HELD: _____

DESCRIBE KIND OF PROJECT: (Attach any contract, etc.)

PROJECT IS TO COMMENCE _____ AND END _____
Month Day Year Month Day Year

PURPOSE FOR WHICH THE FUNDS RAISED are to be used is as follows:

DO YOU EXPECT GROSS RECEIPTS WILL BE MORE THAN \$5,000? ___ Yes ___ No

IS PROJECT TO BE CONDUCTED by DAV Members only? ___ Yes ___ No

APPLICATION submitted by: _____
Name and Title

_____ *Address City State Zip Code*

NOTE: Any Chapter/Unit or Dugout desiring to engage in a fund raising project involving, directly or indirectly, contracts or agreements of **ANY** nature shall be required to obtain prior approval from the State Department and from the National Executive Committee. Contracts submitted for approval, must allow sixty (60) days from the date of submittal until the proposed commencement date of the contract in order for the National Executive Committee to give them proper consideration.

*****ATTENTION AUXILIARY UNITS / NOTR DUGOUTS*****

All Auxiliary Units or NOTR Dugouts must receive prior approval of the Chapter with which it is affiliated prior to submitting this request. Please have the Chapter Commander or Adjutant sign this request form to verify Chapter approval of this project.

Chapter # _____ approved this project at their meeting held _____
Date of Chapter approval

Signature of Ch. Commander or Adj.: _____