



DISABLED AMERICAN VETERANS
DEPARTMENT OF SOUTH CAROLINA
FUND RAISING PROJECT REQUEST

CHAPTER/UNIT _____ DATE _____

NAME OF PROJECT _____

Project Type	Charitable _____	Fraternal _____
Project Dates	From _____	To _____
Project Duration	Single Event _____	Continuous _____

The Chapter/Unit members hereby realize their responsibilities in accordance with:

1. Article 15 and Article 18 of the DAV National Constitution and ByLaws.
2. Regulations of the DAV National Executive Committee

The Chapter/Unit members understand that solicitations cannot be conducted at the National Ninth District Meeting.

3. Article VIII, Section 8.3 of the SC DAV Department Constitution and ByLaws

Return Form and Control Number to:

Name: _____ Phone: _____

Address: _____ City _____ Zip _____

Chapter / Unit Commander Signature _____ Date _____

(This portion to be completed by Department Headquarters and a copy returned along with the Fund Raising Report form to the name listed above)

From my review of the information submitted and subject to the Chapter/Unit compliance with federal, state and local laws pertaining to authorized fund raising activity for their locality, this fund raising project is hereby:

APPROVED _____ DISAPPROVED _____

Department Commander

Department Adjutant

Date approved/disapproved _____ Date received _____

CONTROL NUMBER ASSIGNED _____