**OC CHAPTER FMDA**

**DONATION REQUEST FORM**

**DATE RECEIVED BY COMMITTEE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

**NAME OF REQUESTING PARTY:**

**NATURE OF REQUEST:**

**NAME OF CHARITABLE ORGANIZATION:**

**CORPORATION (YES) (NO)**

**NAME OF CONTACT PERSON:**

**CONTACT PERSON’S TELEPHONE #:**

**LOCATION OF THE CHARITY: COUNTRY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **STATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **POSTAL CODE/ZIP:\_\_\_\_\_\_\_\_\_\_\_**

**AMOUNT OF DONATION REQUEST: $**

**COMMITTEE RECOMMENDATION TO MEMBERSHIP (YES) (NO)**

**DATE COMPLETED BY DONATION COMMITTEE:\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_\_**

**INITIALS OF COMMITTEE CHAIRPERSON:\_\_\_\_\_\_**