

Charitable Donation / Support Worksheet

Date: _____

1. Recipient is a veteran / family member of a veteran / organization. (circle one)

a. Veteran/family member of a veteran:

Circle

1) Name: _____

2) **DD 214 verified. (Required)**

Y / N / n/a

3) Veterans' Services Office contacted. Date: _____

Y / N / n/a

4) Known by someone in the chapter.

Y / N / n/a

5) Has the means/ability to help themselves.

Y / N / n/a

6) Will participate if our assistance is provided.

Y / N / n/a

7) Has received assistance from other non-profit groups.

Y / N / n/a

8) Member(s) visited veteran's home. Address: _____

Y / N / n/a

Date of visit: _____ Visited by: _____

Y / N / n/a

b. Organization:

9) Name: _____

10) **Helps veterans. (Required)**

Y / N / n/a

11) Non-profit (501c)EIN: _____

Y / N / n/a

12) Main cause _____

13) Address: _____

2. Justification Statement: (if needed, continue on reverse)

3. Specific assistance requested/needed:

a. Financial: **(no cash)** Amount: \$_____ (use reverse for breakdown).

Y / N / n/a

b. Labor: Duration: _____

Y / N / n/a

c. Materials: Type: _____

Y / N / n/a

d. Are there organizations currently helping?

Y / N / n/a

4. CEB Vote: **(Majority required before presenting to chapter)**

Commander: Y / N / Abstain (initials) _____

Treasurer: Y / N / Abstain (initials) _____

Executive Officer: Y / N / Abstain (initials) _____

Secretary: Y / N / Abstain (initials) _____

Sergeant at Arms: Y / N / Abstain (initials) _____

5. Chapter Vote: **(Majority approval required before chapter assistance can be provided)**

a. Approved / Disapproved

Date: _____

b. Results entered into minutes:

Date: _____

6. Additional Comments: (if needed, continue on reverse)

7. Date Assistance Completed: _____

Completed by: _____

*All donations must be vetted by CEB and approved by the chapter members (majority vote present).

*15-8 bylaws allow CC or XO expenditures up to \$250. Over \$250 must be approved by chapter members (majority vote present).