

DUKE HOSPITAL AUXILIARY PROJECTS REQUEST FORM

OUR MISSION

Duke Hospital Auxiliary is a vital part of the DUMC Health Care Team. Its primary goal is to support hospital programs, with particular emphasis on patient and family needs that raise the levels of patient care and comfort.

Date of Request: _____

Division of Department: _____ **Department Head:** _____

Name & Position of person requesting: _____

Mailing Address: _____ **Email Address:** _____
_____ **Phone Number:** _____
_____ **Fax Number:** _____

Amount of Funds Needed: _____

Item(s) for which funds are requested: _____

Explanation of Need: (use additional sheets if needed)

Comments/Additional Information:

Because we are no longer a part of the Duke University system, we will not be able to transfer money. Therefore a check will be written. Information will be needed to assist us with this process. **Due to the board meeting quarterly, project requests need to be received by July 1, October 1, January 1 and April 1 to be considered at the next meeting.**

Please return to: Mary Tyrey
Projects Chairperson
Duke Hospital Auxiliary
mtyr001@frontier.com OR P. O. Box 61366, Durham, NC 27715

Date Presented to Board: _____ **Date of reply:** _____

Status: Approved **Reason for Denial (if denied):** _____
(check one) Denied _____

Date Evaluation Form sent: _____ **Date Evaluation Received Back:** _____

Any questions may be directed to: Linda Simpson
President, Duke Hospital Auxiliary
lmskoala43@aol.com