

## DUKE HOSPITAL AUXILIARY PROJECT REQUEST FORM

### OUR MISSION

Duke Hospital Auxiliary's primary goal is to support hospital programs through financial support with particular emphasis on patient and family needs that raise the level of patient care and comfort.

Date of Request: \_\_\_\_\_

Division or Department: \_\_\_\_\_ Department Head: \_\_\_\_\_

Name & Title of person requesting: \_\_\_\_\_

Mailing Address For Check: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**PLEASE LIST THE NAME OF ENTITY THE CHECK SHOULD BE MADE TO IF REQUEST IS APPROVED** \_\_\_\_\_

Amount of Funds Needed: \_\_\_\_\_

Item(s) for which funds are requested (please include itemization, prioritization, and cost breakdown): \_\_\_\_\_

Explanation of Need: \_\_\_\_\_

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.

Return to both: Lucille Dwyer, Projects Chairman [lucilledwyer@gmail.com](mailto:lucilledwyer@gmail.com) (919)596-6782 and Linda Simpson, President [lmskoala43@aol.com](mailto:lmskoala43@aol.com) (919)493-3797

Any questions may be directed to: Linda Simpson, [lmskoala43@aol.com](mailto:lmskoala43@aol.com), OR Lucille Dwyer, [lucilledwyer@gmail.com](mailto:lucilledwyer@gmail.com). MAILING ADDRESS: P.O. Box 61366, Durham, NC 27715

Date Presented to Board: \_\_\_\_\_ Date of reply: \_\_\_\_\_

Status:    Approved    ☐    Denied    ☐ (check one)    Reason for Denial (if denied): \_\_\_\_\_

Please state how our donation will be recognized. Please use our logo and [www.dukehospitalauxiliary.org](http://www.dukehospitalauxiliary.org) for any recognition.