

DUKE HOSPITAL AUXILIARY PROJECT REQUEST FORM

OUR MISSION

Duke Hospital Auxiliary's primary goal is to support hospital programs through volunteer hours and financial support with particular emphasis on patient and family needs that raises the level of patient care and comfort. Duke Hospital auxiliary is a vital part of the Duke University Health System Team.

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: _____

Explanation of Need: (use additional sheets if needed) _____

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 Chairman mjtyrey@gmail.com and Linda Simpson, President lmskoala43@aol.com

Any questions may be directed to: Linda Simpson, lmskoala43@aol.com, OR Mary Tyrey, mjtyrey@gmail.com. MAIL 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): _____

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