 Har & Ger Heinsohn Fund

Request Form

Name of Person Making the Request:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Building:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Date when funds are needed—

\_\_\_\_\_Immediately

\_\_\_\_\_By this date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_When possible

1. Amount of funds requested?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. In detail, describe the need for the request.

Print and submit form to: Mandan Public Schools Foundation for Education P.O. Box 893; Mandan, ND 58554