

AMHERST FIREFIGHTERS ASSOCIATION
INTERNAL REQUEST FOR CONTRIBUTION

1. RECIPIENT INFORMATION

NAME OF RECIPIENT / ORGANIZATION: _____

FULL MAILING ADDRESS: _____

CONTACT PERSON: _____

EMAIL ADDRESS: _____

TELEPHONE #: _____

2. CONTRIBUTION AMOUNT REQUESTED: \$ _____

Standard Donation (\$200)

Member Support (Various)

Sponsorship (\$201 - \$2500)

Other (Various)

3. FOR WHAT PURPOSE IS THIS FUNDING BEING REQUESTED:

4. BUDGET AND ESTIMATES:

PLEASE ATTACH A BUDGET FOR THE PURPOSE NOTED ABOVE. INCLUDE ALL APPLICABLE COSTS, AND ALL OTHER FUNDING SOURCES (IF APPLICABLE) SUCH AS RECIPIENT CONTRIBUTIONS, ESTIMATED REVENUE, AND OTHER EXTERNAL CONTRIBUTIONS. ATTACH ALL APPLICABLE QUOTES, ESTIMATES, AND ANY OTHER DOCUMENTATION TO SUPPORT THIS REQUEST.

5. SUBMITTED BY (AFFA MEMBER):

NAME

DATE

SIGNATURE

6. RECOMMENDATION: (TO BE COMPLETED BY AFFA DIRECTORS)

APPROVED FOR RECOMMENDATION TO MEMBERSHIP: YES ___ NO ___

COMMENTS: _____

CONTRIBUTION AMOUNT RECOMMENDED (IF APPLICABLE): \$ _____

RECOMMENDED BY: _____
NAME DATE