AMHERST FIREFIGHTERS ASSOCIATION

INTERNAL REQUEST FOR CONTRIBUTION 1. RECIPIENT INFORMATION NAME OF RECIPIENT / ORGANIZATION: FULL MAILING ADDRESS: CONTACT PERSON: EMAIL ADDRESS: PHONE #: 2. CONTRIBUTION AMOUNT BEING REQUESTED: \$ Standard Donation (\$250) Member Support (Various) Other (Various) Sponsorship (\$251 - \$2500) 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 ALL REQUESTS MUST BE EMAILED TO: affareguests@gmail.com NO LATER THAN THE 15TH OF EACH MONTH. 6. RECOMMENDATION: (TO BE COMPLETED BY AFFA BOARD OF DIRECTORS)

APPROVED FOR RECOMMENDATION TO MEMBERSHIP: YES NO COMMENTS: CONTRIBUTION AMOUNT RECOMMENDED (IF APPLICABLE): \$ RECOMMENDED BY: DATE