

# Donation Request Form



Monticello VFW Dorchester Post 8731

Monticello, MN

## Requester(s) Information (please print or type)

Name/Organization \_\_\_\_\_

Physical address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone | Fax | Email \_\_\_\_\_

## Donation Information

I (we) request a total of \$\_\_\_\_\_ to be used for:  Veteran  Community  Youth  Other

I (we) request these funds by: \_\_\_\_\_ 20\_\_\_\_

Are donation requests being sought from other sources?  Yes  No

If yes, from whom, and in what amount(s) have they donated, or did you request? \_\_\_\_\_

## Additional Information

Please use this space to explain what you will do with the donated funds: \_\_\_\_\_

Do you give back to the community/veterans?  Yes  No How \_\_\_\_\_

I (we) wish to have our gift remain anonymous.

Signature(s)

Date

All requests must be received 30 days prior to the date funds are needed. All requests must include this form and be fully completed, to include any additional information that may be required such as proof of non-profit status. Not all requests will be considered, and we hold the right to alter or deny any request(s).

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