

# DONATION REQUEST FORM

Date: \_\_\_\_\_

Request for Donation funds, for: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Office/Committee: \_\_\_\_\_

Name of Bank Account: \_\_\_\_\_ Balance in Acct: \$ \_\_\_\_\_

- Before more funds are sent, balance must be under \$500.00

\_\_\_\_\_ Needs the amount of \$ \_\_\_\_\_ of funds.  
Name of donation fund

Ending Balance in fund account at Department: \$ \_\_\_\_\_

\*Please enclose copy of bank statement

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: ( ) \_\_\_\_\_

Mail to: ALA, Department Secretary  
PO Box 5867  
Lacey, WA 98509-5867  
Phone : (360) 456-5995

Rec'd by Dept. \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

Account # \_\_\_\_\_