

# DONATION REQUEST FORM

(for use of those fund donated for a specific program or event i.e. Gift Shops, VA Hospital etc.)

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

Request for Donated fund, for \_\_\_\_\_

Requested by: \_\_\_\_\_

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

Amount of Request: \$ \_\_\_\_\_ or balance on Account

- Before more funds are sent, current balance must be under \$500.00 - please include a copy of your current program bank statement with request - Current Program Bank Balance = \$ \_\_\_\_\_
- Name on Bank Account \_\_\_\_\_
- No Program Bank Statement

Make Check Payable to: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Contact Name \_\_\_\_\_

E-Mail (if available) \_\_\_\_\_

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

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

\_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

Mail to: ALA, Department Secretary  
PO Box 5867  
Lacey, WA 98509-5867  
Phone: 360-456-595 Fax 360-491-7442  
secretary@walegion-aux.org

Date Paid \_\_\_\_\_  
Check # \_\_\_\_\_  
Account # \_\_\_\_\_