

GRAND HAVEN WOMAN'S CLUB
REQUEST FOR CONTRIBUTIONS

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|--|
| Organization Name: |
| Organization's 501(c)(3) Number/Documentation (attached): |
| Address: |
| Mission: |
| How will funds be utilized? |
| Organization Contact Person: |
| Amount Requested: \$ |
| Type of Request: Budgeted Year End Allocation One -Time Gift |
| Date Needed: |
| Check to be mailed, picked up or presented at a meeting. |
| Member/Date Requesting Contribution: |
| CSP Approval/Date: |
| Date Received by Budget Chair: |
| Approved: Y N Amount: \$ Date: |
| Date sent to Treasurer: |