

GRAND HAVEN WOMAN'S CLUB
REQUEST FOR CONTRIBUTIONS

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: