

Disabled American Veterans Department of Arizona
Chapter/Unit Fund Raiser Request Form

Chapter: _____ Address: _____

Type of Project: _____

Fund Use: Service _____ General _____ Other _____

Type of Fund Raiser: Ongoing: _____ One time Fund Raiser: _____

Date(s) to be conducted: _____ Thru _____

Location and address of the Fund Raiser _____

Will the Public be involved with donations? _____

Will the Fund Raiser be conducted in other than your area? _____

If "yes" then attach the other Chapter/Unit approval letter.

Estimated Gross receipts from this Fund Raiser? _____

Please research National Constitution and By Laws, Article 15, Section 15.3, Para 9, for further guidance

Please research Department Constitution and By Laws, Section 2, B-11.11 for further guidance.

All requests submitted that are not properly completed will be returned to the Chapter or Unit for correction.

Date of Chapter meeting where membership approval was granted: _____

Chapter/Unit Commander: _____

Chapter/Unit Adjutant: _____

Chapter/Unit Treasurer: _____

DEPARTMENT APPROVAL: (Department Approval to be used for less than \$5000 fundraisers between finance meetings)

Department Commander: _____

Department Adjutant: _____

Department Sr Vice: _____

Department Jr. Vice: _____

Finance Chairman: _____

The Full Finance Committee voted on this fundraiser and approved at the _____ meeting.