REQUEST FORM FOR CHARITABLE DONATION CORVETTE CLUB OF NEPA

Date of Request	Amount Requested
Person Making Request	0 ()
Name of Charity	
Address of Charity	
Charity Contact Person	Contact Number
What will the funds be earmarked for? Please be specific (particular person, county, etc.)	
Is there a fundraising event in place or is there a fundraising idea in mind?	
Please present the Executive Board (as they wi	II be making the final decision) with reasons you
	nformation you feel will help convince the Board that
this is a worthy cause.	
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PLEASE BE AWARE THAT RECIPIENTS MAY BE ASKED TO PARTICIPATE IN AND/OR PROMOTE ANY FUNDRAISING EVENTS THAT THE CLUB HOLDS FOR THEIR BENEFIT.

Upon completion of this request, please submit to any member of the CCNEPA Charity Committee. Thank You.