



**TRAVIS SPOUSES CLUB
CHARITABLE REQUEST FORM**

BOARD YEAR: _____

**PLEASE READ OUR DONATION REQUEST GUIDE
PRIOR TO SUBMITTING REQUEST**

ORGANIZATION (PAYABLE TO):	
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CONTACT:		PHONE:	
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E-MAIL:		PREFER:	<input type="checkbox"/> PHONE
			<input type="checkbox"/> E-MAIL

STREET:	
CITY:	
STATE/ZIP:	

PROJECT/EVENT TITLE:		PERSONS IMPACTED:	
DATE PROJECT/EVENT:		AMOUNT REQUESTED:	
FUNDS NEEDED BY:		ESTIMATED COSTS:	

WHAT IS YOUR ORGANIZATIONS AFFILIATION WITH TRAVIS AFB, MILITARY, OR OTHER:	
WHAT OTHER SOURCES OF FUNDS WILL BE USED ON PROJECT OR EVENT:	

DESCRIBE THE EVENT YOU ARE SEEKING FUNDING FOR ATTACH ADDITIONAL SHEETS AND ANY SUPPORTING DOCUMENTATION INCLUDING INVOICES, COST ESTIMATES, FLYERS, EVENT PROGRAMS, PRODUCT NUMBER, OR CATALOGS.

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By submitting this request for funding you are declaring that the information contained above is true and accurate. Inaccurate or misrepresentation of facts when soliciting funds may be considered fraud and/or perjury under the laws of the United States, California, or the UCMJ. Funds are to be used for the purposes described above only and are considered a restricted donation to the organization. Funds not used for their intended purposes must be returned.

SIGNATURE:		DATE:	
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