



Contribution and Donation Request Form

Name of Requestor: _____ Date of Request: _____

Organization: _____ Date funds needed by: _____

Address: _____ Date of Event: _____

Website: _____

Email address: _____

Telephone: _____ Fax: _____

Signature of Requestor: _____ *Cannot be submitted without signature

Amount Requested: _____

Purpose of funds: _____

Expected tangible result or benefit of the endeavor: _____

How will this donation/contribution help meet the goals and objectives as defined in the SEIU Local 99 Mission Statement in the Constitution and Bylaws?

Committee Sponsored: _____

- Contribution** Support organizations, partners and campaigns that promote a common interest of, or that result in the advancement of, and benefit to, the SEIU and its Local 99 membership.
- Donation** Funds given to support scholarship funds, community projects, relief funds or efforts that where no expectation of economic benefit or special consideration from the recipient.
- All supporting documentation attached**

Amount Approved by Executive Board:	Executive Board	Secretary Signature: _____
Executive Director's Signature: _____		Date: _____