



SONS OF THE AMERICAN LEGION, SQUADRON 291

DONATION REQUEST FORM



Requestor: _____
 Amount: _____
 Date: _____

Please provide description and information on the Donation to support this request. Some questions are given below. Please feel free to add more material, flyers, brochures, hand-outs as appropriate.

1. Description of the event logistics, timing, location, date when donation needed, etc.

2. Why is the Donation being requested?

3. Who ultimately benefits from the Donation?

4. Please provide the following additional information in support of this Donation Request:

Exact name of who the
 Donation Check should
 be made to, if approved:
 EIN:

Requestors Contact
 Information:



Return this form to:
 The American Legion, 215 15th Street, Newport Beach, CA 92660
 Attention: Sons of the American Legion – Donation Committee
 3-6-17 Version