



CVMA® PA 22-1

Donation or Event Request Form

Who: _____

Location: _____

How much to donate or the cost of the event: _____

Event Details: _____

Reason for request: _____

***Remember if it's help with their bills we need a copy of that bill, then we will pay it directly. If you do not have copies of the bills the request will be tabled until you do.**

How many members needed: _____

Are you willing to take Lead on this request? ____ Yes ____ NO

Full Name: _____ Date: _____

Commanders Use only

Approved: _____ Date: _____

Declined: _____ Date: _____

Reason request was declined: _____

Motioned By: _____ Seconded By: _____

Voted Yes: _____ Voted No: _____ Sustained: _____