CHARITABLE REQUEST

RAPPAHANNOCK AREA FOP LODGE #15

SUBMITTED BY: _____ DATE: _____

NAME OF RECIPIENT: _____

REASON FOR REQUEST: _____

_____

_____

_____

_____

_____

_____

AMOUNT REQUESTED: $_____

CHECK TO BE MADE PAYABLE TO: _____

DELIVERY OF CHECK:

_____ PAID ONLINE

_____ TO BE PICKED UP BY REQUESTOR

_____TO BE MAILED TO THE FOLLOWING:

NAME: _____

ADDRESS: _____

_____

ADMINISTRATIVE USE ONLY - DO NOT WRITE BELOW THIS LINE

AMOUNT APPROVED: $_____ TAX DEDUCTIBLE: ___YES ____ NO

DATE APPROVED: _____ TAX ID# _____
(if available)

CHECK NO.: _____ DATE: _____ PAID ONLINE DATE: _____