CHAPTER/UNIT FUND RAISER REQUEST

Name of Chapter/Unit

1. Description of Fund Raiser

2. Beginning Dates of Fund Raiser
   Ending Dates of Fund Raiser

3. Location of Fund Raiser

4. Name of Person or Organization Conducting Fund Raiser

5. Designate what Funds are to be used for

6. Designate when Funds are to be used

7. Is Revenue from Fund Raiser expected to exceed $5,000? (Check one) YES _____  NO _____

Chapter/Unit Adjutant Signature ___________________________ Date ______________

Chapter/Unit Commander Signature ___________________________ Date ______________

Department Adjutant Signature ___________________________ Date ______________

Department Commander Signature ___________________________ Date ______________

(IF REQUIRED) DEC APPROVAL YES _____  NO _____  DATE ______________

Form C/U FRReq – February 2, 2010