

**Disabled American Veterans**

Department of Tennessee

**Chapter Fundraising Request**

Chapter # \_\_\_\_\_ Email to: [tnhq@davtn.org](mailto:tnhq@davtn.org) **OR** Mail to: Disabled American Veterans  
DAV Dept. of Tennessee  
P.O. Box 296  
Lawrenceburg, TN 38464

Date of Chapter meeting when fundraising project was approved: \_\_\_\_\_

Give a detailed description of fundraising project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Beginning Date of Fundraiser: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Area fundraiser will cover \_\_\_\_\_  
(if solicitation will be in another Chapter's territory, furnish consent letter)

Paid Promoter YES \_\_\_\_\_ NO \_\_\_\_\_  
(if yes, furnish copy of contract, proof of adequate liability insurance and surety bond)

When promoter is engaged, % of gross receipts to Chapter \_\_\_\_\_

Who handles funds (name and title) \_\_\_\_\_

Who pays bills (name and title) \_\_\_\_\_

Who signs leases, contracts, permits, etc. \_\_\_\_\_

Expected gross receipts \_\_\_\_\_ Expected expenses \_\_\_\_\_

Purpose for which the income will be used \_\_\_\_\_  
\_\_\_\_\_

**\*All Requests MUST be Sent to Department Headquarters 30 Days Prior to Start of Project\***

\_\_\_\_\_  
Signature of Chapter Commander

\_\_\_\_\_  
Signature of Chapter Adjutant

**\*Please keep in mind, all proceeds from Forget-Me-Not drives MUST go for charitable services\***

\_\_\_\_\_  
This space is for Department use only

\_\_\_\_\_ Approved Fundraiser

\_\_\_\_\_ Disapproved Fundraiser

Department Signature \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_