

# Chapter Fundraising Request

## Department of Tennessee

Chapter # \_\_\_\_\_

**Mail To:** Disabled American Veterans  
Department 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 in 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 services**

This space is for Department Use Only

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

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

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

Remarks: \_\_\_\_\_