



Desert Veterans of Wisconsin

Donation Request – Organizational

Org Name: _____
Date of Request: _____
Amount Requested: _____

ORGANIZATION INFORMATION

Name: _____
Address: _____
City/State/Zip: _____
Phone Number: _____
Email Address: _____
Website address: _____
Is this organization a nonprofit? 501(c)(3) 501(c)(19)
 Other _____ No

MAIL REQUEST TO:
Desert Veterans of Wisconsin
Attn: Donation Requests
1253 Scheuring Rd. Suite A
De Pere WI 54115

REQUESTER OR ORGANIZATIONAL POC INFORMATION

Name: _____
Phone Number: _____
Email Address: _____

Please explain the purpose of the request, how the funds will be used and who will benefit from the funds.

REQUESTER SIGNATURE: _____ DATE: _____

TO BE COMPLETED BY THE DESERT VETERANS OF WISCONSIN
 Approved Approved partial \$ _____ Denied Director Initials _____ Date _____