

RCOW REQUEST TO APPROVE DONATION OR PARTICIPATION

Member Name: _____

Phone Number: _____

Name of Charity/Community Group:

Contact Person: _____

Contact Phone Number: _____

Amount or Description of Request:

Is this a first time request or past recipient?: _____

Date Response Required: _____

Date for need of funds or request to be fulfilled: _____

Reason WHY YOU think this is a good choice for RCOW:

Please fill in and submit to RCOW President for approval PRIOR to making any "ask" of membership