



VIETNAM VETERANS OF AMERICA
DETROIT CHAPTER 9

Military Services and Charitable Organizations Donation Request

Requestor's Name: _____
(First) (Last)

Organization: _____

Mailing Address: _____

Email Address: _____ Phone: _____

What is the request for?

- Charitable Contribution Veteran Organization Support Other

Description of request: include person(s) / organizations that will benefit from this request

Tax ID#, (if applicable) _____ Who referred you to Chapter 9? _____

Total budget _____ Current amount of funds raised _____

What amount are you requesting from VVA9? _____

Attach copies of the fundraising plan and competitive bids, if appropriate.

By signing this form you attest that all information you have entered is correct. After review, a VVA9 Chapter member will be in contact with you.

Signature: _____ Date: _____

Send request to: **Treasurer, VVA9, 500 Temple Street Room 4M - Detroit, MI 48201**

VVA9 Form # MSCO-1, Rev 7/20

"Never again will one generation of veterans abandon another."