



CHARITABLE DONATION REQUEST FORM

Date Submitted: _____

Name of Individual : _____

Address: _____

Contact Person: _____ Daytime Phone: _____

Please mark the appropriate line:

- _____ Applicant is a PRIDE Member
- _____ Applicant is a PRIDE family member (indicate relationship and age: _____)
- _____ Applicant is not a PRIDE Member

Financial need verified: Yes ___ No ___ Verified By: _____

Has a previous donation been made? Yes ___ No ___ Date: _____ Amount: \$ _____

Local chapter vote tally: Yes _____ No _____ Abstained _____

Donation amount awarded: \$ _____

Special circumstances: _____

Forward to National: Y ___ N ___

To the National PRIDE MC, from (Chapter) _____, PRIDE MC: Please accept this form, with my signature above, as an official request from our Chapter for National assistance for the individual and/or organization listed.

Signature: _____ Printed Name/Title: _____

Meets PRIDE Donation Criteria: Y ___ N ___ Adheres to Club purpose: Y ___ N ___

Date Rec'd National: _____ National vote tally: Yes _____ No _____ Abstained _____

Amount Approved (National Level): \$ _____

Signature: _____ Printed Name/Title: _____

Special circumstances: _____

