

PRIDE MC CHARITABLE DONATION REQUEST FORM

Date: _____

Name of Individual: _____

Address: _____

Institution: _____

Please mark the appropriate line:

_____ Applicant is a PRIDE Member

_____ Applicant is a PRIDE dependent family member (age: _____)

_____ Applicant is a PRIDE Non-Member

Financial need verified: Yes ___ No ___

Verified By: _____

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

Amount: \$ _____

Reason for Request: _____

Please accept this form, with my signature below, as an official request for Pride MC National assistance/approval for the individual and/or organization listed.

Signature: _____

Printed Name/Title: _____

Contact Phone: _____