

CONWAY QUILT GUILD CHARITY REQUEST

DATE:

YOUR NAME:

NAME & ADDRESS OF PROSPECTIVE CHARITY:

HOW DID YOU LEARN OF THIS NEED?

DESCRIPTION OF WHAT IS NEEDED BY PROSPECTIVE CHARITY:

WHEN IS THE PROSPECTIVE DONATION NEEDED?

IS THIS A RECURRING NEED? IF SO, WHAT IS THE FREQUENCY?

HOW WILL **YOU** HELP WITH THIS PROCESS?

APPROVED

DENIED

REASON: _____

DATE NOMINATOR NOTIFIED OF STATUS: _____

CHARITY COMMITTEE SIGNATURE: _____