



Vermont National Guard Enlisted Association

Donation Request Form

Date: ____/____/____

Organization Name: _____

Organization/Unit: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Name: _____

Contact Title: _____

Contact Email: _____

Contact Phone: _____

Description of services provided:

Name and Description of Event or Activity:

Date of Activity: ____/____/____ Through: ____/____/____

Amount: \$ _____ Anticipated Number of participants: _____