

FCCC Charitable Contribution Request Form

FCCC member name: _____ Phone: _____
Amount recommended: _____

Charity name: _____

Contact person: _____

Charity address: _____

City, State, Zip _____

Charity Phone no. _____

Purpose
of the charity
organization:

Why FCCC
should sponsor:

Club members affiliation
(if any) with charity
organization: _____

Submit form to: Any Board Member

Note: FCCC Governing Board will review and qualify requests against funds in excess of the approved operating budget. All qualified requests will be placed on the agenda for vote the following month. All items must be approved by the majority of the members present at the regular monthly meeting.

Date Submitted mm/dd/yy: