



Department of Massachusetts
24 Beacon St, State House, Rm 546
Boston, MA 02133-1042
Phone: 617-727-2974
www.davma.org

Chapter Fundraising Request

Date: _____

Chapter Name / Number: _____

Date of Fundraising Event: _____

Type of Fundraising Event: _____

Please describe event in full detail (i.e. comedy show, dinner, selling chapter apparel, etc). Also please note if there is additional elements to the fundraiser such as an entry fee, 50/50, raffles, silent auction, etc.): _____

Will you be asking the public / businesses in your chapter area for donations yes: _____ no: _____

(if so, what type of donations will you be seeking) _____

Are you partnering with any other organization, or companies to assist in facilitating the event? _____

In accordance with Department Bylaw Article 9, Section 9.3, how are the net proceeds going to be distributed?

Commander Name (Print) _____

Adjutant Name (Print) _____

Commander Signature: _____

Adjutant Signature: _____