

**LEXINGTON FIREMAN'S RELIEF ACCOC.
DONATION REQUEST FORM**

Date: _____

Date Received: _____

Person/Organization making request: _____

Organization Tax Status: _____

Contact Name: _____ Phone: _____ Day _____ Evening _____

Address: _____ City: _____ State: _____ Zip: _____

Amount Requested \$ _____

Purpose of Request: _____

How will Donation benefit individual/community: _____

List other resources (Fund Raising, Person Donations) that will/have been used to raise funds
(include amount expected/received): _____

Other Gambling Organizations

Name: Amount Expected:	Phone:	Amount Requested: Amount Received:
Name: Amount Expected:	Phone:	Amount Requested: Amount Received:
Name: Amount Expected:	Phone:	Amount Requested: Amount Received:

**THIS FORM MUST BE COMPLETED IN FULL AND RECEIVED A MINIMUM OF 10
BUSINESS DAYS PRIOR TO REGULARLY SCHEDULED BUSINESS MEETING**

Send To

**President Lexington Fireman's Relief Association
9180 Lexington Avenue, Lexington, MN 55014**