

Disabled American Veterans
Department of North Carolina

Request for Chapter or Unit Fund Raising Project

Chapter/Unit Name & Number _____ Date: _____

Type of Project: _____

Duration of Project: Single _____ Continuous _____

Dates of Project: From _____ To _____

For what purpose will the funds raised be used? _____

The Chapter/Unit members hereby realize their responsibility in accordance with:

- Article 15 and Article 18 of the DAV National Constitution and Bylaws
- Regulations of the DAV National Executive Committee and
- Article IX of the Department Constitution and Bylaws

The Chapter/Unit members must understand that solicitations are not allowed to be conducted at Department Conferences, Department Conventions or the National Ninth District Meeting.

Return approved request to:

Name _____ Phone # _____

Address _____ City _____ Zip _____

Chapter Commander Signature and Date

From my review of the information submitted and subject to the Chapter/Unit compliance with federal, state, and local laws pertaining to authorized fund raising activity for their locality, this fund raising project is hereby

Approved _____ Disapproved _____

Department Adjutant

Department Commander

Date Received

Date Approved

(Revised: April 2005)