



**FULFILLING OUR PROMISES**  
TO THE MEN AND WOMEN WHO SERVED

Disabled American Veterans and/or Auxiliary  
Department of North Carolina

Request for Chapter or Unit Fund Raising Project

Chapter / Unit & Number \_\_\_\_\_ Date: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Location: \_\_\_\_\_

Duration of Project: Single \_\_\_\_\_ Continuous \_\_\_\_\_

Dates of Project: From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose of fundraiser? \_\_\_\_\_

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 following statement must be displayed on a sign with a minimum type of (9) points, in bold or underlined or within a border. "**Financial information about this organization and a copy of its license are available from the State Solicitation Licensing Branch at 919-807-2214. The license is not an endorsement by the State.**"

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

Return approved request to:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_\_  
Signature & Date: Chapter/Unit Adjutant

\_\_\_\_\_  
Signature & Date: Chapter/Unit Commander

If Unit is submitting: Chapter Commander Signature: \_\_\_\_\_

\_\_\_\_\_ Approved \_\_\_\_\_ Disapproved

\_\_\_\_\_  
Signature & Date: DAVA State Adjutant

\_\_\_\_\_  
Signature & Date: DAVA State Commander

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

\_\_\_\_\_  
Signature & Date: Department Adjutant

\_\_\_\_\_  
Signature & Date: Department Commander

Dept Use Only: Date Received \_\_\_\_\_ Filed \_\_\_\_\_ Mailed to Requester: \_\_\_\_\_

Fax #: \_\_\_\_\_

Revised March 2014