

**Disabled American Veterans
Department of North Carolina**

Request for Chapter or Unit Fund Raising Project

Chapter/Unit Name & Number _____ Date: _____

Name of Project (Be Specific): _____

Type of Project: Single _____ Continuous _____

Dates of Project: From _____ To _____

Site where Project will be held: _____

For what DAV Service Program(s) will the funds raised be used? (Be Specific): _____

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 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 _____

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