



Please submit completed request to:
Hadley Mothers' Club
PO Box 672
Hadley, MA 01035

Donation Request Form

Date: _____

Name: _____

Address: _____

Phone: _____

Email: _____

Check All that Apply

- Citizen of Hadley
- Employee of Town of Hadley
- Enrolled in Hadley Public Schools
- Organization (Must be a 501c3), Name: _
- Other, Please explain:

1. Date of the event/project? _____

2. When is funding required? _____

(NOTE: Request for funds must be received 4-6 weeks prior to the event/project inception.)

3. Who will benefit from this project? _____

4. What other funding sources have you explored? _____

5. Why did you chose to ask Hadley Mothers' Club for funding? _____

6. If approved for funding, who should the check be made payable to ?

7. If approved for funding, what address should the check be mailed to ?

8. What is a contact phone number or email we can reach you at ? You may be asked to make a small 5-10 minute presentation to our group regarding this donation request
