



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 ?

\_\_\_\_\_

