

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

## Donation Request Form

Date:

Name:
Address: $\qquad$

## Phone:

$\qquad$
Email:
Check All that Apply
Г
Citizen of Hadley

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Employee of Town of Hadley
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Enrolled in Hadley Public Schools

Organization (Must be a 501c3), Name: _
■ Other, Please explain:

1. Date of the event/project? $\qquad$
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? $\qquad$
$\qquad$
$\qquad$
4. What other funding sources have you explored? $\qquad$
$\qquad$
$\qquad$
5. Why did you chose to ask Hadley Mothers' Club for funding? $\qquad$
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$\qquad$
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 ?

Explain in detail the project; identify all costs and the amount of money requested from the Hadley Mothers' Club. Attach all documentation necessary for this project.
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Signature of applicant:

