

Telephone #:

Make Checks Payable to: (if approved)

## AMVETS DEPARTMENT OF WASHINGTON SERVICE FOUNDATION

## **Grant Request Form**

Send completed form to:
AMVETS Department of
Washington
Service Foundation
5717 S. Tyler St.
Tacoma, WA 98409

Date of Request:	
Name of requesting AMVETS Department of Washington organization	
Post #: Ladies Auxiliary #: Sons of AMVETS #: Riders Chapter #: VAVS:	Service Department: Convention Association: Other:
Amount requested:  Date needed:  Briefly describe how your organization will us	
By signing below, you confirm you are authorized to request this grant and that your organization is in good standing having met all applicable requirements of AMVETS Department of Washington and AMVETS National Constitution and Bylaws.	
Further, your signature is your commitment to provide proof to the AMVETS Serice Foundation that all requested funds were utilized as stated.	
Print Name:	Signature

Email:

Address Check sent to: