(INTERNAL USE ONLY) Received. _____ By. _____
Date Initials

Approved _____ By _____ Amount $_____

Declined _____ By _____

Charitable Contribution Request Form

Organization's Name:_____

Address:_____

City:_____ State:_____ Zip:_____

Website:_____ Tax ID:_____
(Please attach your W-9)

Contact Name:_____

Phone Number:_____ Email:_____

Amount Requested:_____ Date Required:_____

Purpose, Usage, & Impact of Funds:_____

_____

_____

_____

To have payments made via ACH please complete information below

Name of Bank:_____

Routing No.:_____ Account No.:_____

Remittance Email:_____

Completed By:_____

Date:_____

Please complete and return to Communications@gvsud.org