



CHARITIES

CHARITABLE DONATION REQUEST

DATE: _____

NAME OF MEMBER SUBMITTING REQUEST: _____

NAME OF ORGANIZATION OR PERSON(S) REQUESTING FOR: _____

AMOUNT REQUESTED: _____

EXPLANATION:

DATE REVIEWED _____

ACCEPTED: _____ REJECTED: _____ AMOUNT AUTHORIZED: _____

REASON: _____

Authorized signature _____

PLEASE SEND COMPLETED REQUEST FORM TO: A.I.H CHARITIES
P.O. BOX 732
MENTOR OH 44061-0732