



Disabled American Veterans  
 Department of Louisiana  
 Suite 113  
 1885 Wooddale Blvd.  
 Baton Rouge, LA 70806  
 225-925-8396  
 FAX 225-925-5993



## CHAPTER/UNIT FUND RAISER REQUEST

Name of Chapter/Unit \_\_\_\_\_

1. Description of Fund Raiser \_\_\_\_\_  
 \_\_\_\_\_

2. Beginning Dates of Fund Raiser \_\_\_\_\_  
 Ending Dates of Fund Raiser \_\_\_\_\_

3. Location of Fund Raiser \_\_\_\_\_

4. Name of Person or Organization Conducting Fund Raiser \_\_\_\_\_

5. Designate what Funds are to be used for \_\_\_\_\_  
 \_\_\_\_\_

6. Designate when Funds are to be used \_\_\_\_\_

7. Is Revenue from Fund Raiser expected to exceed \$5,000? (Check one) YES \_\_\_\_\_ NO \_\_\_\_\_

Chapter/Unit Adjutant Signature \_\_\_\_\_ Date \_\_\_\_\_

Chapter/Unit Commander Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Adjutant Signature \_\_\_\_\_ Date \_\_\_\_\_

Department Commander Signature \_\_\_\_\_ Date \_\_\_\_\_

(IF REQUIRED) DEC APPROVAL \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ DATE \_\_\_\_\_