

GAUNCHES UNITE

*Making a difference in Western New York
501C3 Charity*

Donation Request Application

Date: _____

Name: _____
(LAST) (FIRST) (MIDDLE)

Address: _____

City: _____ State/Province _____ Zip/Postal Code: _____

Phone Number: _____ E-Mail: _____
(HOME) (CELL)

Signature: _____

Please be advised submission of this application does not guarantee applicant will receive funds requested. Please be further advised that all amounts requested are subject to financial availability and approval of the Board of Directors.

*P.O. Box 2194 Blasdesll, Ny 14219
www.GaunchesUnite.com*

Below please list the nature of your request and list the amount of financial assistance you wish to be considered for.

(Please provide us with as much information as you feel comfortable with to assist the Board in considering your request)

Nature of Request: _____
