

**Disabled American Veterans AUXILIARY  
Department of North Carolina**

**Request for Chapter or Unit Fund Raising Project**

Chapter/Unit Name & Number \_\_\_\_\_ Date: \_\_\_\_\_

Name of Project (Be Specific): \_\_\_\_\_

Type of Project: Single \_\_\_\_\_ Continuous \_\_\_\_\_

Dates of Project: From \_\_\_\_\_ To \_\_\_\_\_

Site where Project will be held: \_\_\_\_\_

For what DAV/DAVA Service Program(s) will the funds raised be used? (Be Specific): \_\_\_\_\_  
\_\_\_\_\_

The Chapter/Unit members hereby realize their responsibility in accordance with:

Article 15 and Article 18 of the DAV National Constitution and Bylaws; Regulations of the DAV National Executive Committee and Article IX of the Department Constitution and Bylaws.

The Chapter/Unit members understand that solicitations are not allowed to be conducted at Department Conferences, Department Convention or the National Ninth District Meeting.

Return approved request to:

Name \_\_\_\_\_

Phone # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Chapter Commander Signature and Date

Unit Commander Signature and Date

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From my review of the information submitted and subject to the Chapter/Unit compliance with federal, state, and local laws pertaining to authorized fund raising activity for their locality, this fund raising project is hereby

Approved \_\_\_\_\_

Disapproved \_\_\_\_\_

\_\_\_\_\_  
Auxiliary State Adjutant

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Department Adjutant

\_\_\_\_\_  
Department Commander

\_\_\_\_\_  
Date Received

\_\_\_\_\_  
Date Approved