



BLAINE YOUTH HOCKEY ASSOCIATION

9250 LINCOLN STREET NE | BLAINE MN 55434 | BYHA.ORG

DONATION REQUEST FORM

****NEW 2017**:** Requests received by the 1st of the month will be considered at that month's board meeting.
Requests received after the 1st will be considered at the following months meeting.

EMAIL completed document to: secretary@byha.org | PRESENT request to the board at the given date

SUBMIT DATE: _____ REQUESTED AMOUNT: \$ _____

NON-PROFIT ID: _____ ORGANIZATION TYPE: _____

ORGANIZATION NAME: _____

PURPOSE: _____

REQUESTOR NAME(S) + CONTACT INFORMATION:

CHECK PAYMENT: include Organization / Individual Name and mailing address

BLAINE YOUTH HOCKEY ASSOCIATION USE ONLY

Board Approval: Full Amount \$ _____ Partial Amount \$ _____ Denied

Check # _____ Date Mailed _____ Completed By: _____

Approval Signatures: _____