



**AMVETS  
DEPARTMENT OF WASHINGTON  
SERVICE FOUNDATION**

**Send completed form to:**  
AMVETS Department of  
Washington  
Service Foundation  
5717 S. Tyler St.  
Tacoma, WA 98409

**Grant Request Form**

Date of Request: \_\_\_\_\_

**Name of requesting AMVETS Department of Washington organization**

Post #: \_\_\_\_\_

Ladies Auxiliary #: \_\_\_\_\_

Sons of AMVETS #: \_\_\_\_\_

Riders Chapter #: \_\_\_\_\_

VAVS: \_\_\_\_\_

Service Department: \_\_\_\_\_

Convention Association: \_\_\_\_\_

Other: \_\_\_\_\_

Amount requested: \_\_\_\_\_

Date needed: \_\_\_\_\_

Briefly describe how your organization will use the requested funds:

*By signing below, you confirm you are authorized to request this grant and that your organization is in good standing having met all applicable requirements of AMVETS Department of Washington and AMVETS National Constitution and Bylaws.*

*Further, your signature is your commitment to provide proof to the AMVETS Service Foundation that all requested funds were utilized as stated.*

Print Name:	Signature
Telephone #:	Email:
Make Checks Payable to: <i>(if approved)</i>	Address Check sent to: