

# AAUW Fargo-Moorhead Branch Support Request Form

## Organizer Contact Information

Name:

Phone:

Email:

## Event Requested Information

Name/Title:

Event type:    Educational    Meeting    Fundraiser    Volunteer/Service    Social    Leadership/Development

Date(s):

Is event on-going?  Yes  No

On-going :    weekly    monthly    annually    other

Time(s):

Location(s):

Requesting funding from branch?  Yes  No

## Funding Information (Please attach a budget along with form)

Amount Requested:

Is there funding outside of AAUW?  Yes  No

## Event Details

Brief Description:

Target Audience:

Expected Attendance:

Alternative Date(s)/Time(s): *Please provide a minimum of 2 dates/times*

For F M Board Use Only:

Approved by board?    Yes     No