

This request may take 2 or more days to be approved

FUND REQUEST FORM
WILSON DREAM FOUNDATION

Date submitted _____

Requesting Individual and/or Organization

Phone and Email: _____

Date Donation Needed: _____

Send Donation To: _____

Amount Requested: \$ _____

Total Expense: \$ _____

Explain specifically how and when the donation will be used to support a program or activity in the Wilson Elementary School District. Indicate how many students or Wilson families will be served.

How will you inform the Wilson Dream Foundation about the results realized from the donation?

Are you receiving any other funding/donations/scholarships? ___ Yes ___ No

If yes how much? _____

Send to: Wilson Dream Foundation
 email to: tydee799@yahoo.com

Date of Approval: _____

Is the amount requested a budget item _____