



LOCAL LEAGUE REQUEST FOR FUNDS FROM LWVOR

Requesting League(s): _____ Date: _____

Please enter date of your local board's approval: _____

Contact information of person(s) requesting

Name(s) and email address(es): _____

Amount requested: _____

Please briefly describe purpose for request and how it relates to LWV goals. (If additional background information is needed, attach to this page.)

Please return this form by email to lwvor@lwvor.org; LWVOR President Rebecca Gladstone, Rebecca.gladstone@gmail.com; LWVOR Treasurer Ruth Kistler, ruthkistler@charter.net. You may also mail it to LWVOR at 1330 12th St SE, Suite 200, Salem, OR 97302.

Date request received: _____ Date request accepted/denied: _____

Reviewed by: _____

Comments/recommendations: _____
