

**ORANGE COUNTY WHEELMEN
CONTRIBUTION REQUEST**

OCW Member: _____

Amount Requested: _____ **Date of Request:** _____

Contact Person for Organization: _____

Mailing Address: _____

Mailing Name of Organization

Street Address/Number

City

State

Zip Code

Please describe the purpose of this contribution request in relation to the cycling focus of the Orange County Wheelmen.

If the contribution supports a related cycling event, please list the date, time, and location of said event.

Submit a completed copy of the OCW Contribution Request to the current OCW President, or send it to Orange County Wheelmen at P.O. Box 219, Tustin, CA 92781 for discussion at the next OCW Board Meeting.

Meetings are generally held the first Sunday of each month.