



# BLAINE YOUTH HOCKEY ASSOCIATION

9250 LINCOLN STREET NE | BLAINE MN 55434 | BYHA.ORG

## DONATION REQUEST FORM

Please fill out this form in its entirety and deliver or email to the BYHA Secretary at [secretary@byha.org](mailto:secretary@byha.org). Requests received on or before the 1<sup>st</sup> of the month to be considered at the next BYHA Board Meeting. BYHA Board meetings are held on the 3<sup>rd</sup> Monday of each month. Requests received after the 1<sup>st</sup> will be placed on the following month's meeting agenda. A representative(s) must be present at the meeting to explain this request and answer any questions that may come up from the board or the membership.

Organization Name:	_____	Request Date:	_____
Mailing Address:	_____	Organization Type:	_____
City, State, Zip:	_____	Tax ID:	_____
Contact Name:	_____	Contact Phone:	_____
Contact Email:	_____	Request Amount:	_____

### Purpose of Donation Request (please be specific)

### BYHA Internal Processing Only

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	Approved Amount:	_____
Authorized by:	_____	Date:	_____
Check #:	_____	Check Date:	_____
		Completed By:	_____