



Return to:

**14301 Parkside Court NW
Prior Lake, MN 55372
deneen.stutzka@ocadr.com
612-232-0899**

Requestor Name: _____

Benefactor (if different then requestor):

Address _____

Phone: (Cell) _____

Amount Requested: _____

Reason for Request: _____

Is there a benefit or Go Fund me planned? Yes No

Area or location if a benefit will occur: _____

Are you soliciting from other organizations? Yes No

If yes, please list the organization name & amount asked for and/or received: _____

If more funds are collected then what are needed, what will happen to the excess funds?

By accepting our funding, you are allowing Angels Among Us to share your story and pictures on our social media or marketing materials.

Would you like to share your story, in your words, to help us in our fundraising efforts? Yes No
This is a great way to help give back to other recipients through sharing your story.

Signature

Date

FOR OFFICE USE ONLY: Amount Recommended: _____ Lawful Purpose Expenditure Code: _____ Amount Approved: _____ Meeting Approved: _____
