

Loudoun County Bar Association

Charitable Request Form

Submission Date: _____

Organization Name: _____

Organization Cause/Charity: _____

Organization Address: _____

Monetary Amount Requested: _____

Other Assistance Requested: _____

Reason/Event for Request: _____

Name of Person Requesting Contribution: _____

Relation of Person Requesting Contribution: _____

FOR BAR ASSOCIATION USE ONLY

Approved

Not Approved

Reason/Notes: _____

Bar Approval Date: _____

Bar Treasurer Signature: _____

Check #: _____