

SPINNERS

REQUEST FORM FOR FUNDS OR SERVICE

FISCAL YEAR _____

Name of Organization: _____

Contact Person: _____

Street Address: _____

Mailing Address: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Amount Requested: _____

Service Requested: _____

Please state the reason the funds are needed and how they will be used if the request is approved by Spinners.
