# CHARITABLE CAUSE APPLICATION

**Proposed Recipient:** _____

**Address:** _____ **City:** _____ **State**: _____ **Zip**: _____

**AMICI Member Submitting Request:**

**Name:** _____ **Relationship to Recipient:** _____

**Nature/Description of Request:**

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

## For Charitable Cause Committee Use Only

**Date Received by Committee:** _____ **Member(s):** _____

**Date Distributed to Board**: _____

**Date Reviewed:** _____ **Reviewed By**: _____

**Action Recommended: Approved** _____ **Denied** _____

**Monetary Award Recommended:** _____

**Date Presented to Membership:** _____

**Date Voted Upon by Membership:** _____

**Membership Vote Results: Approved** _____ **Denied** _____

═══════════════════════════════

**Check Payable to**: _____

**Mailing Address:**

- **Name:** _____
- **Street:** _____
- **City:** _____ **State:** _____ **Zip Code:** _____

**Check #:** _____ **Amount:** _____

**Notes/Comments:**

_____

_____