

INSTALLATION FUNDRAISER REQUEST

FORT LEAVENWORTH

Please fill out the form completely and then submit to FMWR at megan.e.browning.naf@mail.mil

Requester's Unit and/or Organization:

Date of Request:

Requestor's Signature:

REQUESTER (Must be unit commander if request is for a FRG Fundraiser)

NAME

RANK

E-MAIL

TELEPHONE

EVENT POC (If different then requester)

NAME

RANK

E-MAIL

TELEPHONE

Description of Event

Date/Days of Event:

Proposed Location
of Event

What will the funds
be used for?

This is the 1st 2nd 3rd 4th requested event for the calendar year

FMWR Initial Review:

Number of approved fundraiser for the calendar year

0

1

2

3

4

FMWR Action

APPROVED

DENIED

DATE

Comments