

# APDEA Contribution Request Form

Person requesting contribution:

Team Name:

What will the APDEA's contribution be used for?

How many APDEA members will participate in this activity?

Amount Requested?

When are the funds needed?

What is the completion date for the activity?

How will APDEA membership benefit from this contribution?

Will APDEA receive any public acknowledgement of the contribution?

What contributions has the APDEA made to this activity in the past?

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**\*\*Monies received on behalf of the Anchorage Police Department Employees Association to the above named team WILL be applied to team activities only NOT for the individual child's account or financial responsibility.**

**\*\*Checks will no longer be made payable to the individual but to the team. The only exception to this would be if the items have already been purchased and receipts are provided.**

Please return this form to Marlene Lammers, Treasurer at [treasurer@apdea.org](mailto:treasurer@apdea.org)