AMERICAN LEGION ED BRAUNER POST 307

DONATION REQUEST FORM

Requests for donations of post monies require a sponsoring member in good standing to submit a Donation Request Form. To be considered, this form must be completed in its entirety and must contain the benefiting entity's taxpayer/employer identification number (TIN/EIN), most recent IRS Form 990, mailing address, as well as any other supporting information. The Finance Committee reviews the request and makes a recommendation to the Executive Committee, who then votes whether to approve/disapprove the recommendation. If approved, the donation is presented for final approval by a simple majority of members present at the next post meeting. Refer to Article VI, Section 4, of Post Constitution for complete requirements.

SPONSOR INFORMATION

1. NAME (Last, First, MI)	**2. AMOUNT REQUESTED** **$_____.00**
3. HOME ADDRESS	**4. MEMBERSHIP NUMBER**
	5. CELL PHONE
	6. EMAIL

DONATION RECIPIENT INFORMATION

7. RECIPIENT'S LEGAL NAME (for payment purposes)	**8. RESPONSIBLE PARTY OR POINT OF CONTACT**
9. BUSINESS ADDRESS	**10. TIN/EIN/SSN**
	11. WEBSITE
	12. SOCIAL MEDIA (e.g., Facebook, Instagram, etc.)
13. TAX FILING STATUS (e.g., 501(c)(3), 4947(a), etc.)	**14. TELEPHONE**
15. TYPE OF ENTITY ☐ **INDIVIDUAL** ☐ **NON-PROFIT** ☐ **FOR PROFIT** ☐ **OTHER**	**16. EMAIL**

17. ORGANIZATION STRUCTURE (current IRS Form 990)

Program Expenses: _____%
Costs directly supporting the mission, such as service delivery, grants, or beneficiary aid. Recommend 70-75% or higher (CharityWatch deems organizations with 75%+ as highly efficient).

Administrative Expenses: _____%
Overhead for operations, including salaries, office costs, and governance. Recommend under 25-30% combined with fundraising (no strict isolated cap, as some is essential for sustainability).

Fundraising Expenses: _____%
Costs to solicit donations, such as marketing, events, or direct mail campaigns. Recommend 15% or less (Charity Navigator targets under 10-15% for efficiency).

Debt Related Expenses: _____%
Costs associated with borrowing, such as loan interest or financing fees, often under administrative or facility sub-expenses. Evaluate for financial health; a high ratio (e.g., over 5-10% of total expenses) may signal over-reliance on debt, increasing risk.

18. PURPOSE OF DONATION (check all that apply)

☐ **Veterans Advocacy**
Work that ensures veterans receive proper benefits, healthcare, and support services, advocating for policies that address issues like employment, mental health, and disability benefits.

☐ **National Defense**
Promote a strong national defense by supporting military readiness, advocating for fair treatment of service members, and fostering patriotism aty the local, regional, and national level.

☐ **Youth Programs**
It sponsors initiatives to educate and mentor young people, including programs like American Legion Baseball, Boys State, and scholarships, to develop leadership and civic responsibility.

☐ **Community Service**
Community-building activities, such as disaster relief, support for local charities, and promoting civic engagement.

DONATION RECIPIENT INFORMATION (CONT'D)

19. IMPACT OF DONATION

☐ **Local (Greater New Orleans Area)**
Metro New Orleans: Orleans, Jefferson, Plaquemines, St. Tammany, Tangipahoa, Washington, St. Bernard, St. James, and St. John Parishes.

☐ **Regional (Louisiana and Southern Gulf Coast)**
Southern US Gulf Coast includes State of Louisiana and surrounding areas like Houston (TX), Gulfport-Biloxi (MS), Jackson (MS), Mobile (AL), etc.

☐ **National (All Other Areas)**
All other areas not included within Local or Regional.

20. ESTIMATED NUMBER TO BENEFIT (check all that apply)

☐ **Veterans: _____**
This includes both members and non-members of Post 307.

☐ **Adults: _____**
This includes all other adults who are not Veterans.

☐ **Children: _____**
This includes all children regardless of affiliation with Post 307.

21. HOW WILL THE FUNDS BE USED (use Page 3 for additional space):

_____

_____

_____

REQUEST CERTIFICATION

SPONSORING MEMBER: I certify that I am a member in good standing of Post 307 and that this request complies with our Constitution and By-Laws and one or more of the American Legion's purposes (Block 18).	**DONATION RECIPIENT:** I certify that I am legally authorized to act on behalf of the donation recipient, that we have requested this donation, and that this request supports one or more of the American Legion's purposes (Block 18.)
SIGNATURE	**SIGNTURE**
DATE	**DATE**

FINANCE COMMITTEE ACTION

DATE RECEIVED	**DATE REPORTED TO EXECUTIVE COMMITTEE**
RECOMMENDATION ☐ **Approve as Requested: $_____ .00** ☐ **Approve (Reduced): $_____ .00** ☐ **Disapprove**	**FINANCE CHAIR SIGNATURE** **COMMENTS**

EXECUTIVE COMMITTEE ACTION

DATE CONSIDERED/APPROVED	**COMMANDER SIGNATURE**
ACTION ☐ **Approve Amount: $_____ .00** ☐ **Disapprove**	**COMMENTS**

GENERAL MEMBERSHIP ACTION

MEETING DATE	**ACTION**	**VOTE COUNT** (if necessary)
	☐ **Approved** ☐ **Disapproved**	**_____ YEA _____ NAY**

BLOCK 21 CONTINUATION SHEET

21a. HOW WILL THE FUNDS BE USED