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.

_____

_____

_____

_____

_____

_____

_____

_____