



Regional Gathering Request for Funds

Fill out the form completely and email to dsnwwinfo@gmail.com or mail to PO Box 7102, Cross Lanes, WV 25356.

Date of Event _____

Description of Event _____

Your Name _____

Phone _____

Email _____

Check Payable to (your name or vendor) _____

Address _____

City/State/Zip _____

Description of Purchase	Amount
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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_____	_____
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Total	_____
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Treasurer Use Only		
Check Number _____	Amount _____	Date _____
Budget Category _____		