

CIAHU Charitable Giving Request Form

Completion by CIAHU Member

Charity Name	
Address	
City, State, Zip	
CIAHU Member Requesting consideration of Charity	
Event or description of donation	
Dollar Amount requested	
Date or deadline for consideration	
Brief description of how this would be applicable to our organization	
Make Check payable to:	

Completion by Board

Reviewed by CIAHU board on:	
Approval or denial	
Comments:	

*Forms will be reviewed by board at Annual Strategic Planning Meeting in July