

FUNDRAISER / DONATION REQUEST

Private Organization Letterhead

Date

MEMORANDUM FOR the Garrison Commander, USAG Wiesbaden, through Chief,
Nonappropriated Fund (NAF) Support Services, FMWR, Unit 29623, APO AE 09005-9623

SUBJECT: Request for (*indicate type of event*) fundraiser # (*indicate number for current calendar year*)

1. Request the (**Name of PO**) be granted permission to conduct (*indicate the type of event*) in accordance with AER 210-22.
2. The following information is provided:
 - a. The **date, time, and location of the event**. (*If multiple events, repeat as necessary.*)
 - b. Clearly **state the purpose of conducting the fundraiser, and describe in detail how the fundraiser will be conducted**.
3. The following persons will supervise the event:
 - a. **Person – person with food handlers training within last 12 months, if food is involved (include the training expiration date). Certification cannot expire prior to the event date.**
 - b. **Person – person with food handlers training within last 12 months, if food is involved (include the training expiration date).**
 - c. **Person**
4. One person will be utilizing a cash box to collect the money. At the conclusion of the event, the money will be deposited in the (**Name of PO**) bank account.
5. Risk Assessment: (**Describe in detail the risks associated with the fundraiser and the steps the PO will take to address them. Risks to be considered are as follows: food borne illnesses, traffic, personal injury, security due to large crowds, property damage, etc.**).
6. Point of contact is the undersigned (**president's or PO officer's contact information**).

PO Officer's Name and Title
Name of the PO