

Galveston County Texas A&M Mothers' Club P.O. Box 1675

Galveston, Texas 77554

DONATION/SERVICE REQUEST

2019-2020



Student Organization: Name		
Contact person:	Title:	
Phone:	Email:	
TAMUG/TAMU Advisor:	Email or pho	ne:
Year of establishment:	No. of members:	No. of active members:
Organization of Leadership: officers	□ committee □ other	
Organization Acct. Name and #:		
Organizations purpose or objective:		
What are the requirements of member	ship?	
List your social media link here if any: _		
How often do you meet? \square weekly \square	monthly \square quarterly \square oth	ner
List projects, events, and/or activities y	ou are involved in and who	they benefit:
Which project, event or activity are you	u seeking help with? How m	any students will be involved?
		ion:
□ monetary request: \$ W	/hat will funds be used for? _	
NA/h at ath ay five dusising have your days		
What other fundraising have you done	, .	eventr
Attach a flyer or advertisement your gr	oup has used, may be past o	or present.
Today's date:	My signature:	

Please email this form to Diana Norris at dknorris13.1@gmail.com at least 45 days prior to needing funds. THANK YOU CARDS may be dropped off at the campus mail room in the Aggie Mom box.