

Galveston County Aggie Moms' Club c/o Texas A&M University at Galveston P.O. Box 1675

Galveston, Texas 77553



DONATION REQUEST FORM 2020-2021

Student Organization/Clul	o Name:		
Contact person:		Title:	
Phone:	Email:		
Campus:	Advisor's Name:		Advisor's Email:
Year of establishment:	No	o. of members: _	No. of active members:
Organization of Leadershi	p: Officers Committee	ee 🗆 Other	
Organization's Account Na	ame:		
Organization's Account No	umber:		
Organization's purpose or	objective:		
What are the requiremen	ts of membership?		
List your social media link	here, if available:		
How often do you meet?	□ Weekly □ Monthly □ 0	Quarterly 🗆 Oth	er
List projects, events, and/	or activities you are involv	ed in and who th	ey benefit:
Which project, event or ac	ctivity are you seeking help	with? How mar	ny students will be involved?
Date of event:	Time:	Locatio	n:
Donation Amount Requesting: \$ What will funds be used for?			
What other fundraising ha	ave you done, or do you pl	an to do for this o	event?
Attach a flyer or advertise	ment your group may hav	e created for this	event.
Today's date:	Signature	•	

Please email this form to Dalinda Dugal at dugaldalinda@gmail.com at least 45 days prior to needing funds. THANK YOU cards to GCAM for this donation may be dropped off at the campus mail room or mailed to above address.