

WOMEN OF ST. PATRICK'S—REQUEST FOR FUNDS

Name:

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Phone:

\_\_\_\_\_

Address:

\_\_\_\_\_

Email:

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Date of Request:

\_\_\_\_\_

Amount of Funds Requested:

\_\_\_\_\_

Date Funds are needed by:

\_\_\_\_\_

\*\* All requests must be submitted 10 days prior to the WOSP meeting in which the request is to be considered\*\*

Description of project funds are needed for:

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Please email this completed form to [wosp@stpatsekhorn.org](mailto:wosp@stpatsekhorn.org) for consideration.