



The American Legion
Department of Maryland, Inc.

Request to Raise Funds Outside of the District or Region

Requester:

First Name: _____ Last: _____

The request is coming from Post # ____ District # ____ Region # ____

Date of Event: _____ Time: _____ Location: _____

Details of the Event:

The requester is requesting for permission to conduct a fund raising campaign outside of their District or Region for the purpose of:

We understand that all funds raised shall be for the express purpose as described above, and a strict accounting of those funds be made to the Post, District Council or Region.

District Commanders Endorsement:

Eastern Shore Region - 1

District 1 Commander: _____

District 2 Commander: _____

Northern Central Region - 2

District 3 Commander: _____

District 4 Commander: _____

Southern Maryland Region - 3

District 5 Commander: _____

District 6 Commander: _____

Western Maryland Region - 4

District 7 Commander: _____

District 8 Commander: _____

Department Executive Committee Vote:

Date: _____ Approved: _____

Date: _____ Disapproved: _____

Signature: _____

Department Senior Vice Commander