



Fraternal Order of Police

Mesa Lodge 9

Charity Committee Request Form

Date: ____ / ____ / ____

Requestor's name: _____ F.O.P. Member: (circle one) Yes No

Contact phone number: () _____

Request made on behalf of (group or organization) _____

Are F.O.P. members in this group? (circle one) Yes No

If so, what are their names? _____

Purpose of the request: _____

Type of assistance requested: _____

Request needed by: ____ / ____ / ____

If your request is for financial assistance, and, if approved, to whom should the check be made out? _____

Name and address of person to receive the check:

Mesa F.O.P. Treasurer's use only.

Date of vote: ____ / ____ / ____

Passed: Yes No

Forward completed form to the
Mesa F.O.P. Secretary following vote.

You or someone from the requesting group should be at the F.O.P. meeting when the request is presented. If questions arise that cannot be answered, requests may be rejected for lack of information. Mesa F.O.P. meetings are the second Saturday of every month at 9:00 a.m. at the Labor Hall, 1452 E. Main St., Mesa, AZ.

www.mesafof.com

Mesa F.O.P. Lodge 9 1452 E. Main St. P.O. Box 999 Mesa, AZ 85211-0999 480.220.4428