

**REQUEST FOR FUNDS**

\_\_\_\_\_

**Name of Individual or Organization Requesting Funds**

\_\_\_\_\_

**Name of Individual Submitting Request**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**City, State, Zip**

**Amount of Funds Requested** \$ \_\_\_\_\_

**Description of Request**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Use back of form if more space is needed**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature**

**Send To: Cameron Peck, State Deputy, Chairman**  
796 Wellington Way  
Lexington, KY 42104  
cameronpeck@gmail.com