



TEXAS NATIONAL GUARD FAMILY SUPPORT FOUNDATION  
LIMITED FUNDRAISING GROUP REQUEST FOR FUNDS

1. Name of Limited Fundraising Group \_\_\_\_\_

\_\_\_\_\_  
(Street/City/State/Zip)

2. Person Requesting Funds \_\_\_\_\_  
(Name/Title/Rank)

Contact Info \_\_\_\_\_ (Phone) \_\_\_\_\_ (Email)

3. Reason for Request \_\_\_\_\_

4. Event Date \_\_\_\_\_

Event Name \_\_\_\_\_

5. Amount of Funds Requested \$ \_\_\_\_\_

6. Check Payable to \_\_\_\_\_

Mail to \_\_\_\_\_

7. Additional Instructions \_\_\_\_\_

8. Campaign Manager's Signature (legibly)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**FORM MUST BE COMPLETED IN ITS ENTIRETY**

SEND TO: TXNGFSF, 3706 Crawford Avenue, Austin, TX 78731  
or [bookkeeper@ngat.org](mailto:bookkeeper@ngat.org), or 512/467-6803 FAX  
Inquiries: 512/454-7300, ask for Bookkeeping or Program Director

**FOR OFFICE USE ONLY**

BALANCE ON ACCT \$ \_\_\_\_\_ AMOUNT APPROVED \$ \_\_\_\_\_ CHECK NO: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

NOTES: \_\_\_\_\_