



# REQUEST FOR FUNDING

From the Friends of the Onondaga County War Memorial

Date of Request \_\_\_\_\_

## Applicant Contact Information

Name of Applicant \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

## Funding Request Information:

Amount requested \_\_\_\_\_

Date funds are needed \_\_\_\_\_

Check made payable to \_\_\_\_\_

## Request Information

(Describe what the funding will be used for and how it will benefit the Veteran/Veterans Community) \_\_\_\_\_

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

Email: [mlanasa@twcny.rr.com](mailto:mlanasa@twcny.rr.com). Requests can also be mailed to: Michael LaNasa, 213 Camp Road, Canastota, NY 13032. Questions: 315-427-3165.

### Below OCVV Committee Use Only

Committee Approval Yes  No  Date \_\_\_\_\_

Check number \_\_\_\_\_ Date \_\_\_\_\_ Payable to \_\_\_\_\_