



# • Quileute Tribe •

PO Box 279 • La Push, /WA • 98350-0279  
Phone: (360) 374-6163 • Fax: (360) 374-6311



## FUNDRAISER MATCH FORM

Date Request Submitted: \_\_\_\_\_ Date of Fundraiser: \_\_\_\_\_

Name of Tribal Member/Group Requesting Match: \_\_\_\_\_

Enrollment #: \_\_\_\_\_  (\*Attach copy of CIB)

Mailing Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Amount of money collected: \$ \_\_\_\_\_ Amount of money requesting: \$ \_\_\_\_\_

Verified By (\*Office Only): \_\_\_\_\_

Please summarize reason for fundraising: \_\_\_\_\_

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

*By signing this form, I verify that I have read the Fundraising Match Policies and Procedures and will follow all set rules in this policy. Failure to do so could result in a ban from future use of this funding and other policies approved by the Quileute Tribal Council.*

Tribal Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

ACTION (Mark "X")

Approved  Denied Amount Approved: \_\_\_\_\_

Approved By (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

If denied, why: \_\_\_\_\_

Entered into Microix By: \_\_\_\_\_ Date Entered In: \_\_\_\_\_

AP/PO #: \_\_\_\_\_