



**CAMPO-LAKE MORENA BUSINESS ASSOCIATION**  
**REQUEST FOR DONATION**

\_\_\_\_\_  
Date of Submission

\_\_\_\_\_  
Amount Requesting

\_\_\_\_\_  
Name of the Event

\_\_\_\_\_  
Date of Event

\_\_\_\_\_  
Event Organizer

\_\_\_\_\_  
Event Organizer's Contact Information

Purpose for the Event:

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

- Approved  
 Disapproved

\_\_\_\_\_  
Amount Authorized

\_\_\_\_\_  
Treasurer of BA Signature

\_\_\_\_\_  
Date of Approval/ Disapproval

\_\_\_\_\_  
President of BA Signature

\_\_\_\_\_  
Date

Please Submit all Requests to the Attention of the Business Association Secretary  
P.O. Box 370  
Campo, CA 91906