

# Hospital Association *for Children*



REQUEST FOR FUNDS 2015  
Paperwork due at Aladdin Shrine by April 10, 2015

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Ext) \_\_\_\_\_

Email: \_\_\_\_\_

Tax Identification Number (TIN): \_\_\_\_\_

Specific Amount of Request: \$ \_\_\_\_\_

Describe in detail how the funds will be utilized; remember these funds must be used for the care of children with orthopedic, spinal cord or burn injuries. If necessary, use additional pages.

For equipment requests, include specific detailed pictures of the equipment. If funds are approved, a detailed report must be submitted explaining how the funds were used.

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

Submitted by: \_\_\_\_\_ Shrine Club/Unit

President/Director: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

OFFICE USE ONLY

DATE RECEIVED: \_\_\_\_\_

BOARD ACTION: \_\_\_\_\_

APPROVED: \_\_\_\_\_ DISAPPROVED: \_\_\_\_\_

DATE LETTER SENT TO SHRINE CLUB/UNIT: \_\_\_\_\_

3850 Stelzer Road ♦ Columbus, Ohio 43219

614-475-2609 ♦ [www.aladdinshrine.org](http://www.aladdinshrine.org)