



THE OREGON AMERICAN LEGION FOUNDATION

PO Box 1730
Wilsonville, OR 97070

Grant Request Form

NOTE: Normal processing for these requests is done at the quarterly meetings of the Board of TOALF. If the request needs to be processed sooner you must indicate that in your statement below.

Organization

Contact Person

Phone #

Address

Amount Requested

Purpose of Request to include Starting and Ending Date. This should include name of the program, number of participants (if applicable), etc.

Applicant's Signature

Date

Approved by the direction of the Board of The Oregon American Legion Foundation:

Foundation President:

Date