



# Fort Leavenworth Family & MWR Installation Fundraiser Request Form

**For use of this form see below**

Mrs. Megan Browning - (913) 684 - 1669

**IMPORTANT** - Please read the cover page before completing the form.

When this document is opened you should see a message on the “message bar” above informing you that this document requires a signature. You are not required to submit a digital copy of this request but will help facilitate your request. This might be the case if you do not have a **Common Access Card (CAC)**. In a case that you are unable to digitally sign this form, please manually complete along with signing and send via email as indicated below.

If the control is not visible or if you need to remove and/or resign this document, you can open the signature control by left clicking on the **“Office Button”** in the upper left corner of your screen, point the “prepare” then click on **“view signatures”**.

**Best practice to maintain the integrity of this form would be to use “Save As (F-12)” option before signing this document. Once you save the document your signature is invalidated.**

After you have completed this form, please send to: [megan.e.browning.naf@mail.mil](mailto:megan.e.browning.naf@mail.mil)

Submit all requests at least (20) working days prior the projected event.

For Command Policy regarding the conduct of fundraisers on this installation, see Command Policy **“Installation Fund-Raising Policy”** dated **March 26, 2012**.

[leavenworth.armymwr.com/programs/fundraising-and-solicitation](http://leavenworth.armymwr.com/programs/fundraising-and-solicitation)

This form is the first attempt to facilitate a friendly process in assisting your organization to conduct fundraisers on Fort Leavenworth. Some of the blocks have a help function, press “F1” while in a block for help. The blue and red areas are for Family & MWR and The Office of the Staff Judge Advocate (OSJA) use only. We welcome your comments regarding this form and its use.

Thank You,

Mr. Glenn Hewitt - Fort Leavenworth Family & MWR Director

# INSTALLATION FUNDRAISER REQUEST

Requester's Unit and/or Organization

Date of Request

Requester's Signature

**REQUESTER (Must be a Unit Commander if request is for any FRG fundraiser)**

Name

Rank

Email

Phone

Event POC (if different then requester)

Name

Rank

Email

Phone

Description of Event

First day of event

**1 day = Fundraiser**  
**2 day = Fundraisers**

Last day of event

Proposed location of event

What will the funds be used for?

**FRG only:** This is the \_\_\_\_\_ requested event for calendar year 20\_\_\_\_  
This is PAIR Day/Family & MWR Special Event \_\_\_\_\_ of \_\_\_\_\_

**PO only:** This is the \_\_\_\_\_ requested event for the calendar year \_\_\_\_\_

## Family & MWR Initial Review

Number of approved fundraisers for the calendar year

**0      1      2      3      4**

First day of event

**0      1      2**

## FAMILY & MWR ACTION

Comments:

Approved

Denied

Name

Signature