



PMLA DONATION/FEE WAIVER **REQUEST FORM**

Organization Making Request: _____

Contact Person & Phone: _____

Mailing Address: _____

Email Address: _____

Requests for donations/contributions/fee waivers will only be accepted if the applicant is a PMLA recognized group, recognized charity, or authorized public entity.

PML Recognized Group: **YES** **NO**

Recognized Charity/Public Entity: **YES** **NO**

Event Name: _____ Date(s): _____

Donations/contributions/fee waivers shall be for a cause that is directly beneficial to PMLA Members' interest. (Resolution 81.10)

Cause: _____

Donation/Fee Waiver Requested (Please be specific):

Required Information for Fee Waiver Consideration: (See worksheet on reverse)

Value of Fees to be waived: \$ _____

Value of Spending Commitment: \$ _____

Net income/(expense): \$ _____

Please submit your request at least 60 days prior to your event. Your request will be considered by the Board of Directors on an individual basis at the next scheduled Board meeting. Please attend or have a representative at the Board meeting to answer any questions that may come up. You will receive the Board's decision in writing the week following the Board meeting.

PMLA Use Only:

Request Received by: _____ Date Received: _____

To be considered at the _____ Board Meeting