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Atlanta Plastics Charity Golf Tournament

**Charity Request Form**

**Name of Person Requesting:**

**Name of Person Requesting for:**

**Date of Request:**

**Detail of Need:**

**Send completed forms to:** **charityrequest@cartierwilson.com**

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| **For Committee Use Only:****Accept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Decline: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****If Accepted:****Amount Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Check number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Date Given: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Officer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |