

**UUCGT COMMUNITY NEEDS COMMITTEE
DONATION REQUEST FORM**

DATE:

REQUESTED BY: (Name)

NAME OF GROUP OR ORGANIZATION:

POPULATION TO BE SERVED: (seniors, babies, at risk youth, etc.)

POPULATION AREA SERVED: (Grand Traverse, Leelanau, etc.)

OBJECTIVES OF THE PROJECT:

AMOUNT REQUESTED:

NAME AND ADDRESS WHERE THE FUNDS SHOULD BE SENT:

Return form to UUCGT, 6726 Center Road, Traverse City, MI 49686
Attention: UUCGT Community Needs Committee