

*The Women's Community League of Weston*

Event Funding Proposal Form

Event Title \_\_\_\_\_

Event Date \_\_\_\_\_

Location \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_

Estimated number of attendees \_\_\_\_\_

Event Charge: Members\$ \_\_\_\_\_ Non-Members\$ \_\_\_\_\_

Itemized Funding required

DESCRIPTION	AMOUNT

Bank account funding event \_\_\_\_\_

Submitted by \_\_\_\_\_ Date \_\_\_\_\_

*WCL Treasurer: Yvonne Over PO Box 125 Weston MA 02493*

*We are a nonprofit organization and exempt from state tax  
Our tax exemption number is 046-113-379*