



THE JAKE LAIRD MEMORIAL FUND

DONATION REQUEST FORM

The mission of the memorial fund is to provide financial contributions to law and fire department agencies for the purchase of new equipment, the institution of new instructional programs, or financial assistance to officers injured in the line of duty.

All donation requests must support the memorial funds Mission Statement as stated above. The Jake Laird Memorial Fund Review Committee will review, discuss and vote on all requests and also determine if they meet the criteria. If your request is granted, you will be contacted promptly after the donation meeting. We look forward to receiving your donation request and ask that you contact us with any questions.

Date of Request: _____ Date Needed: _____ Amount of Request: _____

Name of Organization: _____

Event Name: _____ Date of Event: _____

Type of Donation Requested: *(indicate what the funds will be used for and how it meets the requirements of the mission statement of the memorial fund. Use reverse side for additional explanation)*

Contact Name: _____ Contact Phone #: _____

Address: _____

Please return completed form and event flyer and/or any other information to:

The Jake Laird Memorial Fund

Review Committee

20491 Country Pine Court

Noblesville, IN 46062

(317) 698-3177

or fax form to

(317) 842-6348