

CHARITABLE DONATION SUBMISSION FORM



PNA MEMBER: _____
PNA CHAPTER: _____
MEMBER EMAIL: _____
SUBMISSION DATE: _____

ORGANIZATION: _____
ADDRESS: _____

CONTACT: _____
PHONE: _____
EMAIL: _____

REASON FOR
CONSIDERATION: _____

Please complete Submission form in full, and print/deliver or email to your Chapter's Charitable Contributions Coordinator. If your Chapter doesn't currently have that officer role filled, please make available to your current-term Vice President.

All submissions will be reviewed, recommendations will be considered, and your Charitable Contribution team, or designated appointees will bring the final results to your Chapter in the form of a vote. Not all submissions will be able to be fulfilled each year. As your group grows, the % of Charitable Contributions each year does too!

Thank you for your submission, and thanks for being an integral part of #thePNAway.