



**Paralyzed Veterans
of America**

Keystone Chapter

1113 Main Street, Pittsburgh, PA 15215-2407 ☎ Phones **412 781-2474** or 800 775-9323

Fax 412 781-2659 ☎ E-mail keystonepva@comcast.net ☎ Web site www.kpva.org

Keystone PVA Application for Sponsorship

Date Requested: _____

Date Funds are Needed: _____

Name: _____

Address: _____

House Number & Street City

State Zip + 4

Phone Number: _____

Cell Phone Land Line

Name of Event: _____

Date of Event: _____

Estimated Expense: _____

Completed form must be submitted thirty (30) days prior to the event. All funding is subject to the availability of funds and the approval of the Board of Directors.

I understand that I am **responsible for turning in receipts** to account for monies spent along with any unused funds **within ten (10) days of the event**. If, for any reason, I am unable to attend the event, I will return the un-cashed check or a personal check for the full amount immediately. Failure to do so will result in not being funded for future events.

Signature of KPVA Member: _____

Office Use Only:

Funds Available: \$ _____ **Date Funds Needed By:** _____

Amount Approved: \$ _____ **Date:** _____

Check #: _____ **Date Issued:** _____

Receipts Returned: \$ _____ **Date:** _____

Funds Remaining: \$ _____