MARATHON COUNTY DEPUTY SHERIFF'S BENEVOLENT ASSOCIATION
PO Box 811 WAUSAU, WI 54402-0811

(715) 261-1200
www.marathoncountysheriff.org

REQUEST FOR SPECIAL FUNDING

DATE: _____

TO: MCDSBA Board of Directors

FROM: _____

I hereby request special funding from the MCDSBA as follows:

1. Amount Requested (required):_____
2. Project Description:_____

   _____

   _____

   _____
3. Who should the check be made out to:_____

   Address:_____

   _____

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For MCDSBA Use:

APPROVED: YES or NO DATE APPROVED:_____

AMOUNT APPROVED:_____ CHECK NUMBER:_____

Checks are written on the second Friday of each month