



ATLANTA METROPOL
CHARITABLE GIVING REQUEST
DUE FEBRUARY 28, 2021

DUES PAID METROPOL MEMBER: _____

MEMBER'S ORGANIZATION: _____

MEMBER CONTACT NUMBER: _____

MEMBER'S EMAIL: _____

WHAT IS THE CHARITY AND ITS MISSION?

REQUESTED AMOUNT: _____

- Gifts are limited to **\$1,500**
- Only one request per organization will be considered per calendar year
- The requesting organization must be an active participant in the charity
- Completed requests should be emailed to KZgonc@sandyspringsga.gov

(Board Approval/Denial Date _____ Signature _____)