

## SWR Grant Request Form

Person making the grant request:

Name \_\_\_\_\_

Affiliation (SWR Grotto) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Telephone number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Organization the SWR Grant is being requested for:

Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Title/Office \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone # \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Amount Requested: \_\_\_\_\_

Project the SWR Grant is being requested for: \_\_\_\_\_

Why should the Southwestern Region of the NSS donate money to this project?

\_\_\_\_\_

\_\_\_\_\_

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Signature of requestor \_\_\_\_\_

Date \_\_\_\_\_

Deadline is September 30. Mail completed form to:

Southwestern Region of the NSS

c/o Patty Daw, Treasurer

P.O. Box 1952

Carlsbad, NM 88221-1952