



Request for Donation from Ops Plus

Name of Individual/Organization: _____

Mailing address: _____

City/State/Zip: _____

Amount Requested: _____

Explanation of Request: _____

Employee Name: _____

Date: _____

OPCRI Committee

| | Approve | Reject |
|------------------|---------|--------|
| Paul Lee | | |
| Mary Anne Givens | | |
| Mike Welker | | |
| | | |
| Final Review | | |
| Debbie Conway | | |