

*Aladdin Shriners*

# Hospital Association for Children



**ASHAC**

## REQUEST FOR FUNDS

Paperwork is due at Aladdin Shrine between February 16-April 1, 2026.

Name of Organization: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ (Ext) \_\_\_\_\_

Email: \_\_\_\_\_

Tax Identification Number (TIN): \_\_\_\_\_

Specific Amount of Request: \$ \_\_\_\_\_

**ALL PARTS OF APPLICATION MUST BE COMPLETED FOR REQUESTS TO BE APPROVED.**

Describe in detail how the funds will be utilized. Remember, these funds must be used for the care of children with orthopedic, spinal cord or burn injuries. For equipment requests, include specific detailed pictures of the equipment. If necessary, attach additional pages.

Requests of \$10,000 or more may require an in-person presentation to the ASHAC Board.

If funds are approved, a receipt and a follow-up letter for the use of the funds must be submitted.

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\* ALL REQUESTS MUST BE SPONSORED BY AN ACTIVE ALADDIN SHRINER \*\***

Submitted by Noble: \_\_\_\_\_ Club/Unit: \_\_\_\_\_

Signature: \_\_\_\_\_ Member Number: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

BOARD DECISION: [ ] APPROVED - FULL [ ] APPROVED - PARTIAL [ ] DENIED