



# GFWC California Federation of Women's Clubs

## Dollars for Delegates Application

Date \_\_\_\_\_

Club Name \_\_\_\_\_

Club Address \_\_\_\_\_

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

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

Position/Title \_\_\_\_\_

District \_\_\_\_\_ Area \_\_\_\_\_

Does your District provide funds?      YES              NO      (Circle One)

If Yes \$ \_\_\_\_\_

Does your Club provide funds?      YES              NO      (Circle One)

If Yes \$ \_\_\_\_\_

**Amount Requested \$** \_\_\_\_\_

Submit Application by mail to:  
Deborah Bushnell  
CFWC Financial Secretary  
2266 Crest Drive  
Fortuna CA 95540-4306