## San Pasqual Band of Diegueño Mission Indians of California

Check One:	☐ Education Donation	☐ Sports Donation
Tribal Member Name:		Enrollment #:
Beneficiary:		(indicate lineal relationship of Tribe
member to beneficiary):		DOB:
Purpose of Donation:		
Name of Program Prov	ider:	
Amount of Donation R	equest: \$	<u>_</u>
	\$750.00 per calendar year. eived more than the stated maxi	mum amounts in the current calendar year?
Terms: Application in Administration in lieu sports donation shall inquiry, it is determin amount of the donation in the next per capita amount of donations as stated in the preceder the individual(s) a Sports Donation: A PROOF OF SPORT. Sports donations shall seasonal sports (no morequest. Non-seasonal shall be excluded from Reimbursement requested and the seasonal sports of the individual sports (no morequest. Non-seasonal shall be excluded from Reimbursement requested and sports of the seasonal sp	nay be made by tribal member of a living tribal member. Apple used for the individual(s) are detailed that such is not the case, the ons made under this request, which disbursement. Applicant make made under this request, which ding sentence. The irrevocable and for the purpose(s) indicated the purpose(s) indicated purpose (s) indicated that a months of consecutive sports fees may be paid on a month of the sports donation program usest must be within ninety (90) as of bank statements must be a consecutive and proof of the fact of payment and qualification.	E AGE OR YOUNGER MAY APPLY.  QUESTING REIMBURSEMENT.  Ince for participation in organized sports fees paid for participation) may be paid for the entire season in one nathly basis. Gym and all other fitness membership fees
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Tribal Member Signature:		
Tribal Member Phone#	<u> </u>	
Name (requesting indiv	vidual):	Date:
Phone#:	Emai	l:
Signature of individual	taking custody of check:	
☐ Pick Up Check	☐ Mail Check To:	