



P E N N S Y L V A N I A
**Academy of Dermatology
and Dermatologic Surgery**

APPLICATION TO REQUEST/SUGGEST DISBURSEMENT OF FUNDS

It is the practice of the Pennsylvania Academy of Dermatology and Dermatological Surgery (PAD) to annually review requests and/or suggestions for disbursement of funds to external organizations and/or for ad hoc projects directly benefiting the PAD and its members. All such requests/suggestions must be received no later than October 1. The PAD's Finance Committee will review all requests and submit them to the Board of Directors with the Committee's recommendation(s) no later than December 1. The Board will vote on these submissions no later than December 31. Approved expenditures will be made in the following calendar year.

Date of request: _____

Requesting individual / organization:

Name: _____

Title: _____

Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Fax: _____

777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820
Phone: (866) 650-3376 Fax: (717) 558-7841
Email: PADerm@pamedsoc.org Website: www.PADermatology.org

Requested amount: \$ _____ Date needed by: _____

Beneficiary: _____

If beneficiary organization is a nonprofit agency, is it a 501(c)(3) _____ or 501(c)(6) _____

How will the funds be used: (if necessary, attach on separate sheet and provide supporting documentation)

Beneficiary's mission: _____

Beneficiary's relationship to PAD: _____

Recognition of PAD, if any, would be: _____

Signature of person making request: _____

***Thank you. Please submit your form, along with accompanying materials to:
Attention: Treasurer
Pennsylvania Academy of Dermatology and Dermatological Surgery
777 East Park Drive, PO Box 8820, Harrisburg, PA 17105-8820***