

**FAIRCHILD AIR FORCE BASE  
OFF-BASE SOLICITATION REQUEST FORM**

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

POC for Organization:

Name: \_\_\_\_\_

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

Duty Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

The organization is composed of (Check all that apply):

Military Members

DoD Civilians

Dependents of Military/DoD

Retirees and/or their dependents

Non-DoD related civilians

Other (explain) \_\_\_\_\_

Type/Date/Time/Place of Event: \_\_\_\_\_

List all the off-base merchants to be contacted: \_\_\_\_\_

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

Draft solicitation letter attached:  Yes  No

Explain the purpose of the solicitation: \_\_\_\_\_

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

How will solicited donations be used to support DoD or FAIRCHILD AFB members/families?

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

How will solicited donations be used to support civilians who are non-DoD members/dependents? \_\_\_\_\_

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

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