

Girl Scouts of Rhode Island, Inc.  
Higher Awards  
Request to Solicit Donations



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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Troop #: \_\_\_\_\_ City/Town: \_\_\_\_\_

Leader Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Brief Project Description: Please attach a brief description of your project.

Please list the name, address, telephone number and specific amount for each request

1 _____ _____ _____	2 _____ _____ _____	3 _____ _____ _____
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4 _____ _____ _____	5 _____ _____ _____	6 _____ _____ _____
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Please attach additional sheet, if necessary

Return your request to:

Laurie Pansa, Director of Programming & Training  
Girl Scouts of Rhode Island, Inc.  
125 Charles Street  
Providence, RI 02904  
Phone: 401-331-4500 extension 1400  
Fax: 401-421-2937  
Email: lpansa@gsri.org

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For Office Use Only

\_\_\_ Approved \_\_\_ Not Approved

Restrictions: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature – Director of Programming & Training

\_\_\_\_\_  
Date