

P O Box 56363 Washington, DC 20040

[www.theshefoundationinc.org](http://www.theshefoundationinc.org)

## The SHE Foundation Funding Replacement Form

Chapter  
Name \_\_\_\_\_

Event  
Name \_\_\_\_\_

Event  
Date \_\_\_\_\_

Event  
Description \_\_\_\_\_

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

Amount Submitted to Foundation \$ \_\_\_\_\_ Date \_\_\_\_\_

Amount returned to chapter, individual, agency, other (circle one, if applicable)

\$ \_\_\_\_\_ Date \_\_\_\_\_

Foundation Treasurer

Name and mailing  
address  
of recipient \_\_\_\_\_

\_\_\_\_\_

Please submit funds requested and/or check to:  
SHE Foundation, Inc.  
P O Box 56363 Washington, DC 20040

(Funds will be returned within 10 business days)

SF 103