

# Marshall County Master Gardener Money Request

Office Use Only

Received Date: \_\_\_\_\_

Received by: \_\_\_\_\_

Name of person requesting funds \_\_\_\_\_

Project Name \_\_\_\_\_

Amount Requested \_\_\_\_\_

Date Needed By \_\_\_\_\_



Please describe your project and what the money will go towards:

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

Sign here: \_\_\_\_\_

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

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