



## REMAIN NANTUCKET FUND

### Community Engagement Initiative

#### Non-Profit Reimbursement Form

*Copies of invoices or receipts for the room rental and The Community Engagement Reimbursement Form must be submitted to Diana Harrison [dharrison@cfnan.org](mailto:dharrison@cfnan.org). Any questions please call 508-825-9993*

Organization Name *(Must be a 501(c)(3) or Town of Nantucket affiliate or religious organization):*

\_\_\_\_\_

EIN Number: \_\_\_\_\_

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

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

Meeting Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Meeting Purpose:

Meeting Location: \_\_\_\_\_

Amount requested for reimbursement (limited to \$250): \_\_\_\_\_

Location Contact Name: \_\_\_\_\_