



## VETERAN ASSISTANCE FUND REQUEST

The Sons of AMVETS Department of Florida is committed to assisting our nation's Veterans. All requests for assistance will be reviewed by the Sons of AMVETS Department of Florida Executive Board. Please provide the information below, and forward your request to the SOA Department of Florida Commander (address below). Please note: Maximum Disbursement Amount is \$500.00

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

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ email address: \_\_\_\_\_

Veterans Service Organization Member (AMVETS, VFW, Legion, etc.)? \_\_\_\_\_ Post # \_\_\_\_\_  
(Please attach one of the following: VSO Membership Card, VA Card, or Service ID Card)

Branch of Service: \_\_\_\_\_ What years did you serve? \_\_\_\_\_

Briefly state why you are requesting assistance:

\_\_\_\_\_  
Signature

PLEASE MAIL COMPLETED FORM TO:

DEPT. OF FL SOA COMMANDER  
PATRICK HOLCOMBE  
PO BOX 7953  
NORTH PORT, FL 34290  
pnh1065@gmail.com  
850-259-9437

Disbursement Amount(s) are to cover items such as but not limited to utilities, mortgage/rent, insurance, doctors, car payments. As per fund guidelines "Under no circumstances will payment be made in cash or directly to the individuals"