



SOA Department of FL Mutual Assistance Request

The Sons of AMVETS Department of Florida is committed to assisting our fellow Sons inside the Department. This fund may be applied for by any Department of Florida Sons Of AMVETS member in good standing, which may have incurred a financial hardship. This hardship could be due to, but not limited to, illness, injury, or loss of property. 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 \$250.00*

Date: _____

Name: _____ Date Birth: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ email address: _____

Squadron #: _____ Membership #: _____

*State Executive Committee may raise or lower the disbursement cap based on available funds

Briefly describe why you are requesting assistance:

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. Please list below your preference priority as to any fund(s) remittance.

Signature _____

PLEASE MAIL COMPLETED FORM TO:

SOA DEPT. OF FL COMMANDER

TIM BROOKE

4524 WABASSO AVE.

NORTH PORT, FL 34287

(941) 875-7977

tim.brooke12@yahoo.com