



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:

Department of FL Sons of AMVETS
Commander Tim Brooke
4524 Wabasso Ave.
North Port, FL 34287
(941) 875-7977
tim.brooke12@yahoo.com

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"