



Desert Veterans of Wisconsin - Fox Valley

Donation Request - Personal Assistance

Requester
Last Name: _____
Date of Request: _____
Amount Requested: _____

REQUIREMENTS: Requester must have an "Honorable" discharge or be currently serving in the Armed Forces. Must include a copy of your DD-214, NGB-22 or current Military ID Card with the request (blackout SSN). **NO EXCEPTIONS**

MAIL REQUEST TO:
Desert Veterans of Wisconsin - Fox Valley
Attn: Donation Requests
P.O. Box 2526
Appleton, WI 54915
Email: desertvetsfoxvalley@outlook.com

SECTION 1 – REQUESTER PERSONAL INFORMATION

Full Name: _____
Home Address: _____
City/State/Zip: _____
Phone Number: _____
Email Address: _____

Unit Information (If Currently Serving)

Unit Name: _____
Unit Address: _____
City/State/Zip: _____
Rank/Grade: _____
First Line Leader Name/Rank: _____
Phone Number: _____
Email Address: _____

Branch of Service

- Army
 Marine Corps
 Navy
 Coast Guard
 Air Force

Period of Service (MO/YR)

Start: _____
End: _____
 Currently Serving

SECTION 2 – BASIS FOR FINANCIAL REQUEST FOR ASSISTANCE

Please explain the reason for your request and how the funds will be used. What happened to cause your current situation and request for assistance? Be specific with dates, circumstances and events.

SECTION 3 – ADDITIONAL INFORMATION

Were you referred to us by another organization? If so, please provide name, phone or email of contact.

What other organizations have you requested assistance from? What type of assistance was provided and amount received? If you requested assistance but it was not provided, explain the reason you may have been given for the denial.

Have you requested assistance from the Desert Veterans in the past? If yes, identify when, the type of assistance and amount received.

SECTION 4 – ADDITIONAL COMMENTS

SECTION 5 – PROCESS AND SIGNATURE

We are an organization of veterans, current service members, family members and civilians that volunteer our time to work hard within our communities and help raise monies. It is through the efforts of our members, volunteers and the generosity of our communities we live in that we are able to help those service members and veterans that may find themselves in a difficult financial situation. The monies we raise are limited so we strive to make the best use of these funds for necessary and well-intended purposes. You can expect a phone call to better understand your situation, need and urgency. We will verify your identity and conduct a check of public records. Our Board of Directors will review your request and then present it for discussion at the next monthly membership meeting. It could take a few weeks to work through our process. But we will contact you back via phone or email with the outcome.

I affirm that all information provided above and attached to this form is true and accurate. I have made no false claims or altered the documents provided. I do not hold the Desert Veterans of Wisconsin Inc. liable for any promise of personal assistance. I understand that by completing this request for assistance, I am not guaranteed to receive assistance and is at the discretion of the Desert Veterans of Wisconsin to provide assistance as they see fit.

REQUESTER SIGNATURE: _____

DATE: _____

TO BE COMPLETED BY THE DESERT VETERANS OF WISCONSIN

Approved Approved partial \$ _____ Denied Director Initials _____ Date _____