

Vietnam Veterans of America, James L. Huard Chapter 267 Chapter Donation Form The Veteran identified below is under consideration of receiving a charitable donation.

Name:	Phone No:		
Address:	Email:		
City	State:		
Branch of Service:	Honorable Discharg	ge Yes [ ] No	[]
Brief description of request:			
Questions		Yes	No
Do you have a permanent address?		1 1	[]
Are you married?		[]	11
Are you divorced or separated		[ ]	ΪΪ
Do you have any dependents?		[ ]	i i
Have you requested help from the Veterans Trust Fund?		[ ]	[]
Have you requested help from other organizations?		[]	[]
Are you receiving unemployment benefits?		[]	[]
Have you ever received anything for any other veterans group.		[]	[]
Have you applied for VA benefits or SSA, SSD, SSI?		[ ]	[]
Have you ever applied for veterans benefits, if not why		[ ]	[]
What is the reason, for your dilemma of paying your bills or needing assistance?		[]	[]
Have you ever been in a vocational learning program to learn a trade?		[]	[]
Would you be willing to consider this in your future?		[]	[]
Are you employed?		[ ]	[]
If you are unemployed please provide details:			
Official Chapter Section:			
Chapter Contact Person: Date:			
Phone Number:	T		
Standard Donations \$50 [ ] \$100 [ ] \$150 [ ]	\$200 [ ] \$25		
Holiday Donations   \$300 [ ]   \$400 [ ]   \$500 [ ]	\$600 [ ] Oth	er [ ]	
Chapter Officer Approving Donation:	Date:		