



# GOODFELLOWS Assistance Request

## Client Information

Date \_\_\_\_\_ Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State. \_\_\_\_\_ ZIP Code \_\_\_\_\_

Amount Requested \_\_\_\_\_

Reason for Request \_\_\_\_\_ Person Taking Request \_\_\_\_\_

Additional Information (Seniors/Military/etc.) \_\_\_\_\_ Person Taking Request Name & FD ID \_\_\_\_\_

PLEASE DO NOT WRITE BELOW THIS LINE. OFFICE USE ONLY

Approved \_\_\_\_\_ Amount Approved \_\_\_\_\_

Check Number \_\_\_\_\_ Date Approved \_\_\_\_\_

Approved By \_\_\_\_\_ Check made out to \_\_\_\_\_

