

CHARITABLE DONATION APPLICATION

DATE: _____

NAME: _____ PHONE NUMBER: _____

ADDRESS: _____ INDIVIDUAL:

EMAIL: _____ ORAGANIZATION:

Approximate time of travel: _____ Cost of Airfare: \$ _____

Airline choice: _____ O/W R/T

REASON FOR REQUEST:

Airfare assisance for deceased family member:

- | | | |
|---------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> Father | <input type="checkbox"/> Brother | <input type="checkbox"/> Son |
| <input type="checkbox"/> Mother | <input type="checkbox"/> Sister | <input type="checkbox"/> Daughter |

Airfare assistance for medical emergency:

**Please attach medical paperwork expressing the medical attention needed.

APPLICANT SIGNATURE: _____ DATE: _____

IN OFFICE ONLY *Approved* *Disapproved*

SIGNATURE: _____ DATE: _____