

VETERANS OF FOREIGN WARS OF THE UNITED STATES

**DEPARTMENT OF FLORIDA
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OCALA, FLORIDA 34470
(352) 622-5126 FAX: (352) 622-3869**

DISASTER RELIEF ASSISTANCE FORM

FULL NAME: _____

ADDRESS: _____

_____, _____, _____
(City) (State) (Zip)

PHONE NO: (_____) _____

SOCIAL SECURITY NO: _____

VFW MEMBERSHIP NO: _____

POST NO: _____ **DISTRICT NO:** _____

Briefly describe the type of assistance needed in the space below:

CHECK NO: _____ **AMOUNT:** _____ **DATE:** _____

SIGNATURE OF RECIPIENT: _____

Office Use Only:

CHECK DISTRIBUTED BY: _____

POSITION OR TITLE: _____