

Young Ladies' Institute

Disaster Relief Application



DATE OF APPLICATION _____

MEMBER'S NAME _____

ADDRESS (INCLUDING ZIP CODE) _____

PHONE NO. (INCLUDING AREA CODE) _____

E-MAIL ADDRESS _____

INSTITUTE NAME _____ AND NUMBER _____

DATE OF NATURAL DISASTER _____

DESCRIBE: _____

DESCRIBE LOSS: _____

WHAT ARE YOUR IMMEDIATE NEEDS WITH WHICH YLI MAY ASSIST: _____

MEMBER'S SIGNATURE

FINANCIAL SECRETARY'S SIGNATURE

MEMBER IS IN GOOD STANDING YES NO (CHECK ONE)

(FINANCIAL SECRETARY PLEASE MAIL THIS APPLICATION DIRECTLY TO CHAIRMAN OF THE DISASTER RELIEF COMMITTEE)

DISASTER RELIEF COMMITTEE:

DATE _____

COMMITTEE DECISION _____