



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