“Angels Among Us”

Application for Distribution of Funds

Family name to receive gift:_____

Name of person submitting the request:_____

Contact information (in the event we need more information):_____

_____

_____

Gift being requested:_____

(gas card, grocery card, tuition, other)

Funds will be distributed when proof of financial hardship has been established. The committee will review this application, and based on the availability of funds, will distribute the gift to the person listed above in the “Family Name” line. To respect the privacy of families we serve, all donations will be kept confidential, unless otherwise specified by the family in receipt of the gift.

In the space below, please write an explanation for nominating the above family for a gift from the Angels Among Us fund.

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