

The Giving Tree, Inc. Application for Assistance

Name: _____ Date: _____
Position: _____ Amount Requested: \$ _____
Facility: _____ Tenure at Facility: _____ Months/Years
Report To: _____ Request From: (Name/Title) _____

Please provide a justification of your request for financial assistance below:

Please attach any pertinent supporting documentation that may apply along with this application (i.e. photographs of damaged home, mortgage statement, lease, healthcare bills, bank/financial institution statements showing current balance, death certificate or information from a funeral home, etc.)

Authorization to Contact you for Future Communications

By checking yes below, give us permission to contact you in the future to seek permission to use your information for future fundraising campaigns, surveys or general communications regarding The Giving Tree, Inc.

Yes No

Applicant Acknowledgment and Disclosure

I assert that everything on this application is true to the best of my knowledge. I authorize The Giving Tree, Inc. to verify my financial information by obtaining one or more consumer reports about me.

Yes No

Signature: _____

Date: _____

Once completed, you may scan and email or send a hard copy of the form to _____.