WE’RE HERE TO HELP

As the Supreme Council one of our purposes is to help our members in time of need. Therefore, through the generous donations from our Auxiliaries, Chapters, Territories, States and individual Columbiettes we have a Disaster Relief Fund to help aid in your recovery should disaster strike.

To be eligible for assistance you:

1. Must be a member in GOOD standing
2. Damage/Loss must be from a Natural Disaster declared by your State or the Federal Government
3. Only damage to your PRIMARY RESIDENCE will be considered for assistance.

If you meet the above criteria, please fill out the attached application and return the form to the Supreme Council Columbiettes – Attn: Disaster Relief Committee.

We are truly sorry for what you are going through but know you are in our thoughts & prayers.

Fraternally,

The Disaster Relief Committee

Jeanne Mucci, Pam Desauliners Past Supreme President, MaryAnne Alessio, and Vicky Porcelli

**DISASTER RELIEF APPLICATION**

**Date of Disaster:**  Today’s Date:

**NAME:**   **ID#:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ADDRESS**

**CITY, STATE & ZIP CODE**

**PHONE NUMBER:**   **EMAIL:**

**AUXILIARY NAME:**   **STATE:**

\*TO BE ELIGIBLE TO RECEIVE A MONETARY DONATION YOU MUST BE A COLUMBIETTE IN GOOD STANDING.

\*\*DAMAGE/LOSS MUST BE FROM A NATURAL DISASTER DECLARED BY YOUR STATE OR FEDERAL GOVERNMENT

\*\*\*ONLY DAMAGE TO YOUR PRIMARY RESIDENCE WILL BE CONSIDERED FOR ASSISTANCE

\*\*\*\*APPLICATION MUST BE SUBMITTED WITHIN 90 DAYS AFTER DISASTER

**TYPE OF DISASTER (e.g. HURRICANE, TORNADO, FLOODING, FIRES, MUDSLIDES)**

**HAVE YOU APPLIED FOR ASSISTANCE FROM THE COLUMBIETTES IN THE PAST TWELVE (12) MONTHS?**

**IS THIS YOUR PRIMARY RESIDENCE?**

**ARE YOU OR WILL YOU BE ABLE TO LIVE IN YOUR HOME?**

**IF APPROVED, WHERE SHOULD FUNDS BE SENT?**

**DISCRIPTION OF DAMAGE:**

**REMIT TO: SUPREME COUNCIL COLUMBIETTES**

 **ATTN: DISASTER RELIEF COMMITTEE**

 **297 WILLIS AVE**

 **MINEOLA, NY 11501**

**IF YOU HAVE ANY QUESTIONS OR CONCERNS PLEASE CONTACT US AT**

**SupremeDisasterRelief@Columbiettes.com**

 ***All information submitted will be held in the strictest of confidence***

*FOR COMMITTEE USE ONLY*

*APPLICATION APPROVED: Y N*

*IF NO GIVE REASON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*AMOUNT: \_\_\_\_\_\_\_\_\_\_\_ CK# \_\_\_\_\_\_\_\_\_\_\_\_*

*DATE SENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*