SUAA Foundation Emergency Assistance Questionnaire

All information will be kept confidential

Chapter Name _____

Chapter President _____

Contact Person _____

Phone Number ( ) _____ _____

Email _____

Member Needing Assistance

Member Name _____
Street Address _____
City _____ State ____ ZIP _____

Member Phone Number ( ) _____ _____

Member Email _____

Summary of Emergency Situation

Amount Requested _____

Amount Contributed by Chapter _____

Have Individuals been contacted for donations? _____

If so, how much has been collected? _____

How will the money be spent?

Are Chapter members making non-cash donations? If so, in what form?