



SUPPORT REQUEST FORM



Combat Veterans Motorcycle Association® Iowa Chapter 39-1

FIRST NAME:	
LAST NAME:	
ADDRESS:	
CITY:	
STATE:	
COUNTY:	
ZIP CODE:	
CELL NUMBER:	
HOME NUMBER:	
EMAIL ADDRESS:	

PROOF OF MILITARY SERVICE (DD214)	*Please provide a copy of your DD Form 214 with P11 removed*
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TYPE OF HELP NEEDED:	Monetary	Repairs	Emotional	Information	Transportation	Other
*DESCRIPTION OF SUPPORT NEEDED: (use back of form if more space is needed)						
ESTIMATED COST:	\$					
INSURANCE CLAIM:	YES	NO				

HOW DID YOU HEAR ABOUT US?	CVMA Member
	Internet Search
	CVMA Event
	Friend
	TV
	Other:

DATE:	
VETERAN SIGNATURE:	
CVMA MEMBER SIGNATURE:	

Charitable Donation / Support Worksheet

Date: _____
(circle one)

1. **Recipient is a Veteran / family member of a Veteran / organization**

a. Veteran/ Family member of a Veteran:

- i. Name: _____
- ii. DD 214 verified. *(Required)* Y / N / n/a
- iii. Veterans' Services Office contacted. Date _____ Y / N / n/a
- iv. Known by someone in the chapter. Y / N / n/a
- v. Has the means/ability to help themselves Y / N / n/a
- vi. Will participate if our assistance is provided Y / N / n/a
- vii. Has received assistance from other non-profit groups. Y / N / n/a
- viii. Member(s) visited veteran's house. Y / N / n/a
 - 1. Address: _____
 - 2. Date of Visit: _____
 - 3. Visited by: _____

b. Organization

- i. Name: _____
- ii. Helps Veterans. *(Required)* Y / N / n/a
- iii. Non-profit (501c) EIN: _____
- iv. Main Cause: _____
- v. Address: _____

2. **Justification Statement:** *(If needed, continue on reverse)*

3. **Specific assistance requested/needed:**

- a. Financial: *(no cash)* Amount: \$ _____ *(use reverse for breakdown)* Y / N / n/a
- b. Labor: Duration: _____ Y / N / n/a
- c. Materials: _____ Type: _____ Y / N / n/a
- d. Are there organizations currently helping? Y / N / n/a

4. **CEB Vote:** *(Majority required before presenting to the chapter)*

Commander: Y / N / Abstain *(Initials)* _____ Treasurer: Y / N / Abstain *(Initials)* _____
Executive Officer: Y / N / Abstain *(Initials)* _____ Secretary: Y / N / Abstain *(Initials)* _____
Sergeant at Arms: Y / N / Abstain *(Initials)* _____

5. **Chapter Vote** *(Majority approval required before chapter assistance can be provided)*

- a. Approved / Disapproved Date: _____
- b. Results entered into Minutes: Date: _____

6. **Additional Comments:** *(If needed, continue on reverse)*

7. **Date Assistance Completed:** _____ **Completed by:** _____