

DIAKONIA

Application for Funding

Name of Person Filling Out This Form:

Organization (if applicable):

Address:

Telephone:

Email:

Haitian Beneficiary (one person per form):

General Description of Request:

Specific Items and Costs:

Total Requested:

Address where check is to be sent:

Date:

Additional Information:

By submitting this application, I confirm that the request is for charitable purposes only, and that the funds are intended for the purposes as described in Diakonia Inc's mission and vision to assist Haitian immigrants and parole refugees.