

Altrusa International Foundation, Inc.

Disaster Relief Aid

Altrusa District and Club Request for Assistance

Please note: This completed cover page (one page) and a narrative describing the need and project in 500 words or less including an estimated number of recipients affected, must be typed and included in the request.

Submit request by email to Shawna Veldhuizen, Foundation Director, at foundation@altrusa.org
You will receive an email confirmation to the address listed below upon receipt of your application to the International Foundation office.

District	Altrusa Club _	
Address		City
State	Country	Zip/Postal Code
Contact Person F	First Name	Last Name
Phone		E-Mail
Date of Disaster	Relief Fund request (day, mor	th, year)
Project Title		
Amount Request	ted	_ Number of recipients affected by disaster
If the grant funds a	eceiving this grant is obligated to u are not used for the intended purp	use the money for the intended purpose. pose, the recipient Club must return the grant money in full to the International the Club is eligible to submit another proposal at a future date.
Signature of Spo	nsoring Club President	 Date
Signature of Dist	trict Governor	

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