

KNIGHTS OF COLUMBUS LOUISIANA STATE COUNCIL **Disaster Relief Assistance Request Form**

This form is to be used by Brother Knights (Louisiana Jurisdiction only) who need goods, services or financial assistance as a result of a disaster, such as hurricanes, floods and tornadoes. Completion and submission of this form does not guarantee goods, services or funds are available or guarantee the request will be granted. Each request is considered on a case-by-case basis.

Save and e-mail this form to: Disaster Relief Chairman Bill McCrossen at disaster@louisianakc.org

Date of Request	Name	of Disaster:					
Name of Requestor		·					
Membership No.							
Council Number	Counc	cil's City:					
Residential Address							
City, State, Zip Code							
Phone number							
Email Address							
Describe what goods, services or funds are needed for assistance.*							
Describe any assistance provided by your council.*							
State how soon assistance is needed and why (include a date).*							
Funding Request (if other than goods or services)		\$					
(* attach extra pages if necessary)							
State Council Use Only							

Chairman	Amount recommended:	\$ If not ap			pproved, write "not approved."		
Chairman	Signature:				Date:		
State Deputy	Amount approved:	ount approved: \$		If not approved, write "not approved."			
State Deputy	Signature:				Date:		
Check No.		Amount	\$		Date:		