

THE BRAGG 'N BARN THRIFT SHOP

Welfare Request Form

Date _____
Name of Organization _____
Mailing Address _____
Point of Contact _____ Phone # _____
Amount Requested _____
Reason for Request: _____

How many people will benefit from this request? _____
Is this an emergency request? ___ Yes ___ No If yes, please explain: _____

Do you provide services for military personnel, family members and/or retirees? ___ Yes ___ No
If yes, what percentage of your cliental consists of the above? _____
If this request comes from a government-funded agency, has this request been confirmed by the
Community Commander? ___ Yes ___ No
Have government sources been approached? ___ Yes ___ No If not, why? _____

If yes, what was the response?

Have other private organizations been approached? ___ Yes ___ No
If yes, list the organizations and their responses: _____

Are members of your organization participating in fund-raising activities for this need? ___ Yes ___ No
If yes, please list fund-raising events and dates: _____

Please give other pertinent information. (Example: Date funds needed, purchase price, where item can be obtained, etc.)

If your welfare request is approved, who shall the check be made payable to: (No Individuals)

Authorizing Signature

* ***No request will be considered without supporting documents to include a letter of statement on the organization's letterhead stationary.***

* *Please deliver the completed form during business hours or mail to Bragg 'N Barn Thrift Shop, Attention: Welfare Chair, P.O. Box 70084, Fort Bragg, North Carolina 28307.*