

# Man of Honor Society Request for Assistance Form

715-355-1704

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Dates of Service: From: \_\_\_\_\_ To: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Amount of your request: \_\_\_\_\_ Date needed: \_\_\_\_\_

Please explain the reason for the request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**A copy of your DD214 must accompany this request.**

**Have you or any member of your family received assistance from the MOH before?**

Yes \_\_\_\_\_ No \_\_\_\_\_ Amount: \_\_\_\_\_ When: \_\_\_\_\_

**Have you or any member of your family requested funds from other organizations for the same problem? Yes \_\_\_\_\_ (Explain) No \_\_\_\_\_**

\_\_\_\_\_

\_\_\_\_\_

**Do you know any members of the Man of Honor Society? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please state name/or names: \_\_\_\_\_**

\_\_\_\_\_

**Signature: \_\_\_\_\_**

**Name, address, city, state, zip code, and account # of where funds should be mailed:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Return this to: donmasterson47@gmail.com**

**or**

**Mail to: Don Masterson 2309 Edgewood Avenue, Schofield, WI 54476**