

WOUNDED SOLDIERS FUND APPLICATION

Date _____

Soldier's Rank _____ SSN Number of Soldier _____

Soldier's Full Name _____

Soldier's Home Address _____

How, when and by whom were you notified of your soldier's injury? *(use reverse side if necessary)*

Current Location of Soldier _____

Point of Contact for Soldier *(if known)* _____

Phone Number _____ E-mail _____

Commander's Name _____ E-mail _____

Amount Requested _____ How will the money be used? *(Use reverse side if needed)*

Applicant/Representative:

Name _____

Address _____

Home Phone _____ Cell _____

E-mail _____ Relationship to Soldier _____

Applicant/Representative Signature _____

Trustees' Approval:

Donn E. Rospert Date

Jerry Risner Date

Michael Parker Date

Drop off or mail to:
Wounded Soldiers Fund,
Firelands Federal Credit Union,
P.O. Box 8005,
Bellevue, Ohio 44811

The trustees are the final authority on all applications submitted and all monies disbursed.