

**SUAA FOUNDATION
EMERGENCY ASSISTANCE QUESTIONNAIRE**

All information will be kept confidential.

SUAA Chapter Name: _____

Chapter President: _____ Signature: _____

Contact Person: _____ Phone: (____) _____ - _____

E-Mail: _____

Member Needing Assistance: _____ Phone: (____) _____ - _____

Address: _____ City: _____ St.: ____ Zip: _____

Signature: _____ E-Mail: _____

Summary of emergency situation:

Amount being requested from SUAA Foundation: \$ _____

Amount being contributed by the Chapter: \$ _____

Have individuals been contacted for donations? Yes No

If so, how much has been collected? \$ _____

How will the money be spent?

Are Chapter members making non-cash donations? Yes No

If so, in what form?

Send the completed form and cover letter to SUAA Foundation. Electronic Submission Preferred
at

E-mail: suaa@suaa.org

Fax: 217-523-4044

Mail: SUAA Foundation, 217 E. Monroe, Suite 100, Springfield, IL 62701