



# Allen J. Lynch Medal of Honor Veterans Foundation

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## Request Assistance Form

### Assistance Guidelines

1. To request assistance, please complete this form and return it to the address above.
2. You will be contacted by a member of the Foundation.
3. If you (or the veteran you are filling out this form on behalf of) have not been vetted by local Veteran's agency, we will refer you to one for vetting.
4. Aid is given in the form of a gift, not a loan. This does not need to be repaid to the Foundation.
5. This gift of aid is intended to be a one-time event.

### Veteran Information

\* Denotes Required Field

\*Veteran Name: \_\_\_\_\_ \*Dates of Service: \_\_\_\_\_  
 Address: \_\_\_\_\_ \*Branch of Service: \_\_\_\_\_  
 Address line 2: \_\_\_\_\_ \*Contact # (phone): \_\_\_\_\_  
 \*E-mail: \_\_\_\_\_ \*Type of Discharge: \_\_\_\_\_

### This next section to be completed by Spouse or Family Member:

\*Your name: \_\_\_\_\_  
 \*E-Mail: \_\_\_\_\_  
 \*Contact # (phone): \_\_\_\_\_  
 \*Relation to Veteran: \_\_\_\_\_

### To be filled out by Veteran or Family Member:

Please provide a short description of how we can help:

### For Foundation Use Only

Date Received: \_\_\_\_\_ Interviewed? \_\_\_\_\_  
 Vetted? \_\_\_\_\_ Award Date: \_\_\_\_\_