



Allen J. Lynch Medal of Honor Veterans Foundation

5250 Grand Avenue
Ste. 14 PMB 415
Gurnee, IL 60031-1877

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: _____