



AMERICAN LEGION AUXILIARY
Department of California
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 San Francisco, California 94102-4570

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California Disaster Fund Application
(Disaster Fund – Community Service Program)

Unit Name _____ Unit # _____ District # _____

Applicant's Name _____

Address _____

Phone _____ Date of Request _____

Description of Disaster/Reason for Need _____

Approximate Personal Financial Costs Incurred Due to Disaster \$ _____

Amount of Funds Requested \$ _____

Signatures

 Member or Unit Community Service Chairman Date

 Unit President or Unit Secretary Date

Mail this Application to :
 Department Community Service Chairman
 Tracy Varnell
 1293 Alessandro St., Newbury Park, CA 91320

805-233-4354; tvarnell2@yahoo.com

For Office Use Only

Date Submitted to Department Office _____ Amount Granted _____

Approved by _____ Date Granted _____

Date Check Mailed _____

Check Number _____