



AMERICAN LEGION AUXILIARY

Department of California
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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 the Department Community Service Chairman

Name _____

Address _____

City/State/Zip _____

For Office Use Only

Date Submitted to Department Office _____ Amount Granted _____

Approved by _____ Date Granted _____

Date Check Mailed _____

Check Number _____