



## ***Disaster Relief Application***

### SUBMIT TO

Georgia Credit Union Foundation  
6705 Sugarloaf Parkway  
Suite 200  
Duluth, GA 30097

### CHECK THE APPROPRIATE BOX

- You have permission to release the name of my credit union in Foundation publications.
- Do not release the name of my credit union in Foundation publications.

### TYPE OR PRINT CLEARLY

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

How can you be contacted if different than above? \_\_\_\_\_

\_\_\_\_\_

Credit Union Name \_\_\_\_\_

Position with Credit Union:  Employee  Volunteer    Amount requested \$ \_\_\_\_\_

Briefly describe what funds will be used for. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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*Signature of Applicant*

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*Date*