



Greater Los Angeles Chapter
Association of the United States Army

Military Assistance Fund Unit Request for Assistance

Requesting Unit Information

Unit: _____

Unit Address: _____

Check One: AC Army National Guard Army Reserve

This request submitted by:

Name _____

Position/Title: _____

Email _____

Phone C: _____ W: _____ H: _____

Date submitted: _____

Make Check payable to (i.e., name of Family Programs Bank Account or vendor):

Mail Check to address: _____

After completion, please send this form to: glac.ausa.assistance@gmail.com, COL(R) Pete Seitz, GLAC VP-Soldier, Veteran & Family Programs.

Note: Units cannot solicit gift or donations. If unsure, consult with your ethics counselor. This request is in response to GLAC's offer to support Units/Soldiers/Families. GLAC/AUSA is a non-profit 501(c)(3) organization. Gifts from GLAC will go to the Family Readiness Volunteer.

Event Name	
Event Date	
Approximate # Participants	
Funding Amount Requested	
Event Description	