



Greater Los Angeles Chapter
Association of the United States Army

Military Assistance Fund
Individual Assistance Request

Service Member Name: (Last, first, MI)		Rank:	Age:
Check one: Army Reserve <input type="checkbox"/> Army National Guard <input type="checkbox"/> Active Duty <input type="checkbox"/> Other <input type="checkbox"/>			
Phone number:		Email:	
Unit Name:		Unit Location:	
Reason for Request: Briefly explain what assistance you need and reasons for request (i.e. lost job, etc.) 			
\$ Amount of assistance requested (Include copy of bill(s) or invoice(s)): 			
Payment to be sent to: Name: Address: Account Number (if available) Phone number: Email: (if available)			
Request submitted on service member's behalf by: Name: Organization: Phone: Email:			

This request is in response to GLAC's offer to support Units/Soldiers/Families. GLAC/AUSA is a non-profit 501(c)(3) organization.

All requests need to be supported with verification (i.e. DD-214, copy of bill, etc.). No direct cash payments to Soldiers/Veterans are made. Payments are only made to companies, etc., verified on invoices.

Request should be submitted by 3rd party individuals or organizations with direct knowledge of the service member's situation and circumstances. Requests should **not** come directly from the service member.

Please send completed form to COL (R) Pete Seitz: glac.USA.assistance@gmail.com