



# Knights of Columbus

## NEW YORK STATE COUNCIL

Salvatore A. Restivo

State Deputy

### Application for aid Disaster Relief

Date \_\_\_\_\_ Area of concern \_\_\_\_\_

Name of individual(s) for which funds are needed: \_\_\_\_\_

Address: \_\_\_\_\_

Phone(s) \_\_\_\_\_

Email: \_\_\_\_\_

Briefly describe disaster dimensions:

\_\_\_\_\_

Amount Requested: \_\_\_\_\_ - \_\_\_\_\_

Describe how aid will be used: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reporting Officer: \_\_\_\_\_

Approval for \$ \_\_\_\_\_ Means of discernment: (check, Debit Card or items) \_\_\_\_\_

State Deputy's Signature \_\_\_\_\_

ONE NATION, UNDER GOD