



WELFARE REQUEST FORM

Name of Organization _____

Point of Contact _____

Email Address _____

Mailing Address _____

Contact Phone _____

Purpose of Funding (please be as specific as possible)

Who will benefit from funds _____

Percent of military and/or military family members will benefit _____

Amount requested _____

Date of event/funds required _____

Do you have other means of obtaining funding? (fundraising, other organizations, etc.)

Please attach any other pertinent information.

Email completed requests to welfaretreasurerafosc dc@gmail.com or mail via USPS to:

AFOSC of Washington D.C.
Attn: Welfare Treasurer
P.O. Box 1723
Fort Myer, Virginia 22211

All requests will be reviewed at monthly board meetings held the first Tuesday of the month.