



Villages Life Care Advocates Assistance Request Form

Please fill out the form completely, add examples for clarification, and be as specific as possible.

1. Name of Organization requesting assistance: _____

2. Contact name: _____

Phone: _____

Email: _____

3. Is the organization For Profit, Not for Profit or Non Profit? _____. If your organization is exempt under IRS section 501C, please attach the first page of your most current 990 report.

4. For financial assistance, please complete:

Amount being requested: _____ (Maximum \$5,000)

How funds would be used:

Describe who would benefit from the financial assistance:

Please attach any additional information or documents, if applicable, that would aid in our decision process.

Date submitted: _____

Print contact name: _____

Contact signature: _____

VLCA Use Only: Request approved _____ not approved/reason _____

Date: _____

Signatures: _____
