

GEORGIA ALPHA DELTA KAPPA
DISASTER RELIEF APPLICATION FORM Revised October,2018

(This form may be submitted by a sister in need of assistance, by a chapter, or by another sister on behalf of a member.)

Name_____

Address_____

Chapter_____Telephone_____

E-mail_____

What is the nature and extent of the loss or damage? Please describe briefly; use back if needed.

What is the estimated amount not covered by insurance (if known)?

\$_____

Is a replacement AΔK badge needed? Yes No

Types of aid needed, i.e. money, gift cards, school supplies. Please be explicit if other than money or gift cards. If gift cards, please specify what store.

Other pertinent information? Use back if needed.

*Mail this form to: Marie Woodward, Chairman Disaster Relief Committee

Georgia Alpha Delta Kappa

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