

THE ROYAL CANADIAN LEGION POPPY TRUST FUND

REQUEST FOR FINANCIAL ASSISTANCE

I hereby request financial assistance from the _____ BRANCH NO. _____ POPPY TRUST FUND", and submit the following information:

Name:	_____	Date of Birth:	_____
Address:	_____	Telephone:	_____
	_____	Cell:	_____
Service #:	_____	Rank:	_____
Enlistment Date:	_____	Release Date:	_____
Type of Service:	_____	Unit:	_____
Occupation:	_____	Employer:	_____
Marital Status:	_____	Dependants:	_____

Problem & Reason why Financial Assistance is required:

I understand that any financial support received from the Poppy Fund is on a **one time basis**. I will not apply to _____ Legion Poppy Fund or any other Branch's fund for assistance.

Amount of Financial Assistance Granted: \$ Date: _____

Signature of Recipient _____

****Financial Assistance not to be in excess of \$100.00. If over \$100.00 the Provincial Benevolent Form MUST be completed.**