VACDE
VIRGINIA ASSOCIATION OF
CONSERVATION DISTRICT EMPLOYEES

VACDE Benevolence Fund Request Form

All applications will be kept confidential. It is the goal of the VACDE to assist fellow employees in every way possible. Funding plays a major role in the availability of this financial assistance opportunity. The VACDE is committed to this endeavor and will do its best to support employees in their time of need.

Please complete this form and submit it to the current VACDE President.

Name of Person for whom the request is for (Recipient):_____

Recipient's Address: _____ Phone: _____

_____ Email: _____

Name of Person completing Request Form: _____
(if different from above) ☐ *Check if you wish to remain anonymous*

Relationship to Recipient: _____

Phone: _____ Email: _____

The Benevolence Committee will base assistance on availability of funds and amount of assistance requested. If you are comfortable with advising the Committee on the amount of assistance needed please do so. _____
If you are not comfortable in providing a dollar figure, please indicate the dollar range that would meet the need(s). _____ <$250 _____ $250-$500

Please describe as fully as you feel comfortable with, the hardship that is being faced and the need for assistance. (Attach additional sheets if needed.)

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