## **KW Westfield Cares**

## REQUEST FOR ASSISTANCE FORM

Thank you for contacting KW Westfield Cares for assistance. Our mission is to assist in providing relief of the poor and distressed or under-privileged, promote social welfare, and lessen the burdens of government. If you have a special project that you wish for us to consider supporting, please fill out the form below and submit it to us.

Your First Name		Your Last Name		
Organization (if applicable)				
City	State	Zip	Your Phone #	
Your E-mail Address				
If this request is on behalf of so	meone other that	an yourself, please	enter their information here:	
irst Name		Last Name	Last Name	
Organization (if applicable)				
Address				
			Phone #	
E-mail Address				
Please detail for us the support	candidate's nee	d and current situa	tion:	

Submission Guidelines:

Every request for support is reviewed on a case-by-case basis. Successful applications are matched with KW Westfield Cares charitable purposes. Consideration is made for individual circumstances regardless of race, creed, gender or country of origin.

KW Westfield Cares exists to offer support consistent with our charitable purposes. In order to be most effective in meeting the needs of those who receive support, progress reports are necessary. We require anyone receiving assistance from KW Westfield Cares to report to us through (either e-mail or traditional mail) at regular intervals on their progress in achieving the objectives of the support provided. Such reports must also provide an accounting of how support funds have been used since the last report. If adequate reports are not provided, or if grant funds are not shown to be used properly, we reserve the right to withhold and/or recover such grant funds.

You should be contacted within 30 days of submission with a decision in writing on what support, if any, can be offered. Where requested assistance may not meet our charitable purposes, we make every effort to suggest support alternatives.

Thank you for your submission.