



Katie Grace Foundation

Home Goods for Veterans

NAME (Please Print) : _____

SEX: M / F AGE: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

BEST CONTACT PHONE(S): _____

BRANCH OF SERVICE: _____ SERVICE MOS/AFSC/job: _____

My Priority Needs: (Please list needed furniture or home goods)

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____

I promise that the merchandise I receive will be used by me and/or my family, and I will not sell any of the goods that I receive. Once I am approved, I will need to provide proof of military service (i.e. copy of my DD214, VA Card, of other form of Veteran or Military Identification).

I also understand and accept that by completing this form, and submitting this form, VVA 989 and the Katie Grace Foundation will do their best to obtain the requested items, but they do not guarantee performance. If I do not receive all of the requested items, I hereby wave any and all legal right against all parties that will attempt to obtain the requested items for me and/or my family.

Signature

Date

Form accepted by: (Print Name)

Date

Please E-mail the form to: VVAreno989@gmail.com