

Please Return To: P.O. Box 12876 Scottsdale, AZ 85267
Or scan completed document and e-mail to:
ybagley@projectweremember.org

MILITARY FAMILIES FOUNDATION INC. 501 (c) (3)



How did you hear about Project We Remember?

What assistance are you requesting? (please be specific and provide documentation if applicable)

Please describe your emergency situation including specific details of events, reasons, and/or circumstances that have led to the emergency. Use additional paper if necessary.

Please describe what you have done to attempt to remedy your situation. Use additional paper if necessary.

How will assistance from PWR help you attain your goals?

I understand that the Military Families Foundation Inc. or Project We Remember Executive Board members may ask questions to verify items on this document to help determine how to best support the veteran/service member.

I further understand and agree to volunteer 5-10 hours monthly supporting Project We Remember and will sign the volunteer agreement.

Project We Remember will safeguard all information under existing Privacy Act law.

Signature / Date:

The Following Documents must be attached:

DD FORM 214 (Veteran) Leave & Earnings Statement (Active / Reserve/ National Guard)

Please provide any other documents to assist the Executive Board in processing your request.

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Project We Remember is dedicated to helping those who have sacrificed so much for our freedoms. It is our primary purpose to provide assistance to service members/veterans and non-profit organizations that provide support to our military men and women when they and their families are in need beyond that which is provided by their respective service branch. We believe that we can provide a significant positive effect on the daily lives and the morale of our service personnel by demonstrating that we care both in words and in actions.



All portions of this form must be completed in their entirety. The information will be used to assess our ability to assist you. Incomplete answers and/or missing documentation will delay processing of your request.		
NAME: Last, First, Middle initial		
Branch of Service:	Discharge Date or current ETS Date:	Combat Veteran: Y / N
Date of Birth:	Social Security Number:	
Home Mailing Address		
Street:		
City:		
State:		
Zip Code		
Home Phone:	Cell Phone:	Spouse's Name:
Requestor's Employer and phone number:		
Job Title:	Monthly Salary:	
Spouse's Employer and phone number:		
Job Title:	Monthly Salary:	
Number of Children:	Ages:	Children's Special Needs