



Assistance Application

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Contact Information

Name

Address

City

State & Zip

Phone Number

Email Address

Assistance Needed

() **Food** (List preferred items and/or food allergies):

() **Clothing** (List age, gender and clothing/shoe size):

() **Bill Payment** (Attach payment stub or list name of company and necessary payment information):

() **Monetary Donation** (Group or Agency receiving donation):
