



**The Thank You Foundation Program Request Form**  
Please complete this application and mail it along with a copy of DD Form 214 to:

The Thank You Foundation  
5969 E. Livingston Avenue, Suite 107  
Columbus, OH 43232

**VETERAN OR SERVICE MEMBER'S INFORMATION IN WHICH THE REQUEST IS FOR**

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_

BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MARRIED OR SINGLE: \_\_\_\_\_ NUMBER OF DEPENDENTS: \_\_\_\_\_

MILITARY STATUS: \_\_\_\_\_

BRANCH OF MILITARY: \_\_\_\_\_ RATE/RANK: \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ SERVICE NO.: \_\_\_\_\_

ENLISTMENT DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DISCHARGE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

DISCHARGE TYPE: \_\_\_\_\_

**PLEASE STATE WHICH PROGRAM(S) YOU ARE APPLYING FOR**

- HOLIDAY ASSISTANCE PROGRAM
- GAS & GROCERIES
- CERTIFICATE OF APPRECIATION
- TICKETS FOR TROOPS

**PLEASE PROVIDE DETAIL CONCERNING YOUR REQUEST**  
(Please be as specific as possible and attach additional information if needed)

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**LIST THE NAMES OF ALL OTHER AGENCIES AND ORGANIZATIONS THAT YOU HAVE CONTACTED REGARDING YOUR NEEDS. Example: The Veterans Administration, social service agencies, military relief agencies, etc.**

AGENCY: \_\_\_\_\_ DATE CONTACTED: \_\_\_\_\_  
AGENCY: \_\_\_\_\_ DATE CONTACTED: \_\_\_\_\_  
AGENCY: \_\_\_\_\_ DATE CONTACTED: \_\_\_\_\_

**MILITARY/VA/OTHER VERIFICATION POINT OF CONTACT – Please provide at least one contact**

AGENCY: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE \_\_\_\_\_  
AGENCY: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE \_\_\_\_\_  
AGENCY: \_\_\_\_\_  
NAME: \_\_\_\_\_ PHONE \_\_\_\_\_

**APPLICANT'S INFORMATION (Not Required if being filled out by Veteran or Service Member)**

FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ LAST \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
E-MAIL: \_\_\_\_\_ @ \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_

**YES** - I do hereby authorize The Thank You Foundation to release the information above to other service organizations for the purpose of obtaining support.

**NO** - I do not authorize The Thank You Foundation to release the information above to other service organizations for the purpose of obtaining support.

**I certify the above information to be true and correct, and I authorize verification/release of information provided on this application to The Thank You Foundation**

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**NOTE: The remittance of this application does not guarantee participation in any program offered by The Thank You Foundation. Each application is reviewed by the Foundation on a case by case basis and a determination will be made based on the need of the individual and funds available to that program.**

**A copy of DD-214 is required, as well as any other documentation that may be requested depending on type of assistance needed.**