

VOX VENIAE GOOD NEIGHBOR FUND

REQUEST FOR ASSISTANCE

Personal Information

Name: _____

Address: _____

Phone: _____ Email: _____

If you do not regularly participate in liturgy with Vox Veniae, who do you know who is a part of the Vox Veniae community?

Request Description

Please describe your situation and the assistance you need. Please provide all relevant details, including the names of everyone involved and the amount of any financial aid that you need.

Amount :

Apart from providing financial aid, how can the Vox Veniae community help you?

How can the Vox Veniae community support you after this need is met?

By signing this document I acknowledge and agree to the following statements:

- Vox Veniae does not discriminate on the basis of race, color, sex, national origin, age, disability, relationship with anyone in the leadership of Vox Veniae, or financial contributions to Vox Veniae.
- Vox Veniae has the right, at any time and in its sole discretion, to deny a request for assistance, to provide non-financial assistance rather than financial aid, and to change or terminate any type of aid it chooses to provide.
- I authorize Vox Veniae to review and share any information in this document or otherwise provided as necessary for the purpose of evaluating my request for assistance.
- I promise to use any type of aid I receive from Vox Veniae in connection with my request for assistance solely for the purposes I have described in this document.

Name: _____

Signature: _____

Date: _____