Friends Thrift Store Assistance Program - Application for Help

1. Name:_____

2. Address:_____

_____

3. Phone #_____

4. Number in Household:_____

5. Reason for Request:_____

6. Sources of Income:_____

7. Amount Requested:_____

8. How did you hear about the Friends Thrift Store Assistance Program?

_____

9. Other organizations you have contacted for help?,

_____

Please return to:

Jack Battenhouse
113 Colbaugh Drive
Trafford, PA 15085

***According to our bylaws we can only help you once a year.