



MVMA Charities, Inc.

*A 501(c)3 Not-for-Profit Supporting Organization
of the Massachusetts Veterinary Medical Association*

163 Lakeside Avenue, Marlborough, MA 01752-4554

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EMERGENCY AND DISASTER PROGRAM APPLICATION FOR PARTICIPATION

For instructions and guidelines, see MVMA Charities, Inc. Emergency and Disaster Program Guidelines.

Applicant Name: _____

Name of program coordinator: _____

NOTE: This application is subject to MVMA Charities, Inc. approval and replaces any previously submitted application.

Contact Phone Number(s):

Mailing Address: _____

1. Home Work Cell _____

2. Home Work Cell _____

3. Home Work Cell _____

Email Address: _____

(Please circle a phone description for each number listed)

Sponsoring organization: _____

Mailing address: _____

Phone number(s): _____

Website(s): _____

By my signature below I certify that:

1. I am the program coordinator for this group or program (proof must accompany this application). *
2. I am authorized by the organization listed above as the approved representative for grant administration for emergency and disaster services provided by MVMA Charities, Inc. (authorization must accompany this application). *
3. I have read the guidelines by MVMA Charities, Inc. for submitting fund requests for emergency and disaster services, and I will abide by these guidelines.
4. I understand that fund requests are subject to approval by MVMA Charities, Inc. and that limits to the total amount provided per group or program per calendar year may be in effect.
5. I understand that only emergency and disaster related services are eligible for fund requests by MVMA Charities, Inc.

* See MVMA Charities, Inc. Emergency and Disaster Program Guidelines.

Print Name: _____ Signature: _____ Date: _____

**Please return completed application to:
MVMA Charities, Inc., 163 Lakeside Avenue, Marlborough, MA 01752-4554**