



MVMA Charities, Inc.

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

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EMERGENCY AND DISASTER PROGRAM REQUEST FOR FUNDS

Applicant Name: _____

Name of program coordinator: _____

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)

Project name & location: _____

Date(s) of Service(s): _____

Total cost of Services: _____

Amount Requested: _____

NOTE: This request MUST include a receipt or statement for services or products indicating total cost not yet paid. Funds request should be submitted within 30 days of last date of service or purchase.

Service Provider (reimbursement is sent directly to service provider upon approval):

BUSINESS NAME: _____

CONTACT NAME: _____

ADDRESS: _____

CLINIC PHONE: _____

I have an Emergency and Disaster Program Application for Participation on file.

As the submitting program coordinator, I certify that the service(s) for which funds are being requested were provided to the emergency and disaster group or program listed above, I also certify that full or partial payment for the amount requested above has not been received. If duplicating payment is received in the future, an amount equal to the duplicated payment will be returned to MVMA Charities, Inc.

Print Name: _____ Signature: _____ Date: _____

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