

**MINDEN FOUNDATION
REQUEST FOR ASSISTANCE**

Date _____

Name of Individual(s) needing assistance _____

Address _____ City _____ ZIP Code _____

Phone # _____ How Long Have You Lived In The Minden Area: _____

Employer _____

Employer's Address & Contact Name _____

_____ Phone # _____

Reason for Assistance: (attach sheet if additional space is required) _____

Have you requested assistance from the Minden Foundation before? _____

If yes, when and what was the result? _____

Names of two personal references and phone numbers that we may contact to discuss your
situation _____

I declare that the above information is true and correct.

Signature _____ Date _____

Mail to: Minden Charity Classic
P.O. Box 1178
Minden, LA 71058

or Fax to: (318) 371-0863