New Mexico Veterans and Families Assistance Foundation
Post-Relief Grant Application

This application is for VFW Posts requesting post-relief assistance from the New Mexico Veterans and Families Assistance Foundation.

Post Information

Post Number & Location: _____
Contact Name & Title: _____
Phone Number: _____
Email Address: _____

Relief Request

Amount Requested: $_____

Purpose of Request / Description of Need:

Certification

I certify that the information provided is accurate and that any funds granted will be used solely for the stated purpose.

Authorized Signature: _____ Date: _____