



Give To or Get Help from the AFA-CWA Disaster Relief Fund

We know that disasters can change lives forever. While we can't stop destructive events from happening, we can, as a Union, assist our members with their recovery. AFA established the Disaster Relief Fund after September 11th to assist our members whose lives were placed in harms way. AFA members and retirees, whose primary residences are in the counties listed at <https://www.fema.gov/disaster/4586> are eligible for \$200.00 from the AFA-CWA Disaster Relief Fund. It is a gift made possible by the generosity of your fellow union sisters and brothers with AFA.

If you would like to apply for AFA-CWA Disaster Relief Funds, visit www.afacwa.org/drf and download the Disaster Relief Fund Application. There are a few ways of submitting your application including:

- Email the application information to lfoster@afanet.org or
- Fax the completed application to 301-253-2790. A cover sheet is not necessary or
- Phone in the application information to 1-800-424-2406.

If you wish to make a contribution either by check or electronic payment, please visit www.afacwa.org/drf for more information on donating.

Sincerely,

Sara Nelson, International President
Debora Sutor, International Vice President
Kevin Creighan, International Secretary-Treasurer

Association of Flight Attendants-CWA
Application for Disaster Relief Fund

Name: _____ Employee #: _____

Carrier: _____ Domicile: _____

Primary residence affected by the disaster: Residence must be in the impacted state and county/municipality identified in the list at https://gis.fema.gov/maps/dec_4586.pdf

Street: _____

City: _____ State: _____ Zip code: _____

County / Municipality _____

Telephone number where you can be reached now _____

Alternate telephone number _____

E-mail address _____ How often can you check E-mail? _____

If eligible, indicate your payment preference:

___ Please send PayPal payment to my existing PayPal account via email

Email tied to PayPal account is _____

Name tied to PayPal account is _____

___ Please send check to below address (Please confirm that mail delivery is currently available.)

Your Name: _____ C/O (if needed) _____

Street: _____

City: _____ State: _____ Zip code: _____

To be eligible for consideration, please describe the damage or financial losses that you have suffered as a result of this disaster

You may send this form to AFA EAP in the following ways:; Fax to 301-253-2790; Email application information to LFoster@afanet.org; Phone in this application information/questions to 800-424-2406.