



## **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 11<sup>th</sup> to assist our members whose lives were placed in harms way. AFA members and retirees, whose primary residences are in the counties listed at [www.afacwa.org/drf](http://www.afacwa.org/drf) 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](http://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](mailto: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](http://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 by FEMA.

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](mailto:LFoster@afanet.org); Phone in this application information/questions to 800-424-2406.