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 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 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

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 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

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