ST. CLAIR COUNTY STRONG

A COMMUNITY FOUNDATION OF ST. CLAIR COUNTY FUND

Request for Support - Individual

Name: _____   Date: _____

Address: _____

City/State/Zip: _____

Phone #: _____   Email: _____

How Many People in Household: #_____   Amount Requested: $_____

Please note this support is considered taxable income. If approved, staff will reach out for your social security number (SSN) and a 1099 will be issued at the end of the year. Please consult with an accountant if you have any tax liability questions.

How were you impacted by the disaster and why do you need support: