



**DISABLED AMERICAN VETERANS  
ALAMO CHAPTER 5  
6401 WENZEL ROAD  
San Antonio, TX 78233**



**V.G. CLARK CANCER RELIEF TRUST FUND  
REQUEST FORM**

ARE YOU A DAV ALAMO 5 MEMBER (not required for assistance): YES  NO

VETERAN'S NAME: \_\_\_\_\_

VETERAN'S ADDRESS: \_\_\_\_\_

VETERAN'S PHONE \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

SUPPORTING DOCUMENT AS A VETERAN: \_\_\_\_\_ MILITARY ID \_\_\_\_\_ VETERAN ID \_\_\_\_\_ DD 214 \_\_\_\_\_ VA LETTER

CANCER DIAGNOSIS: Type \_\_\_\_\_ (submit documentation of diagnosis)

**INPATIENT/OUTPATIENT TREATMENT FACILITY:**

\_\_\_\_\_  
Treatment Facility Name, Address, City, State, Zip Code

\_\_\_\_\_  
Facility Phone number

\_\_\_\_\_  
Last treatment date: \_\_\_\_\_ Next treatment date: \_\_\_\_\_

**DESCRIBE FINANCIAL HARDSHIP AND PROVIDE DOCUMENTATION:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

VETERAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

I verify that the above information is true and correct. I will reimburse DAV Alamo 5 for all payments made to me or on my behalf if the information above is found to be inaccurate or fraudulently claimed. **Submit requests to [dav.alamo5sa@gmail.com](mailto:dav.alamo5sa@gmail.com). Enter V.G. Clark Cancer Relief Fund in email subject line.**

Encl 4