

WeGO Relief Fund Application

DATE _____

NAME OF APPLICANT _____

Address _____

Email address _____

Phone _____

NAME OF APPLICANT'S GUILD _____

CURRENT GUILD REPRESENTATIVE _____

AMOUNT REQUESTED (up to \$500) _____

HOW DO YOU PLAN TO USE THE FUNDS?

PLEASE PROVIDE A BRIEF DESCRIPTION OF THE SITUATION:

APPLICANTS SIGNATURE:

APPLICANT'S WeGO REPRESENTATIVE SIGNATURE:

*Submit electronically to WeGO's current president, this information may be found on the website:
<https://wegoregondotorg.wordpress.com/>*