



**Support our Troops**  
 4210 Labelle Street Ottawa ON K1A 0K2  
 Website: [supportourtroops.ca](http://supportourtroops.ca) / Email: [supportourtroops@cfmws.com](mailto:supportourtroops@cfmws.com)

**Minor Grant Program - maximum amount \$200.00**

<b>Surname</b>	<b>Given Name</b>	<b>Initial(s)</b>
<b>Service Number</b>	<b>CF One Number</b>	

<b>Purpose of the grant</b>

<b>Value of fuel card(s) given</b>	<b>Value of grocery card(s) given</b>	<b>Total value given</b>

**Testimonial:**

<p>Would you be interested in providing a testimonial for Support Our Troops in the future? Please note that by agreeing, you are simply expressing interest and a member of the Support Our Troops team may follow up with you at a later date.</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, please provide an email address to contact you at: _____</p>
<p>The Support Our Troops program receives requests from the news media for stories of families or interviews with families that the program has assisted. Would you be willing to participate in an interview?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

<b>Approving Authority</b>	<b>Base</b>	<b>Date</b>	<b>Approving Signature</b>	<b>Telephone number</b>

**SIGNATURE(S)**

Applicant Signature	Date

Spouse Signature	Date