

DefendDignity

DEFEND DIGNITY SURVIVOR SUPPORT FUND - WAIVER FORM

Updated March 2018

I, _____ (staff person), on behalf of

_____ (non-profit/ charity/ church),

agree that should funds be awarded to _____ (applicant),

the following will be submitted to Defend Dignity within 30 days of receipt of the funds:

- a) a completed Follow-Up Questionnaire (Defend Dignity will email this form to all successful applicants)
- b) copies of the receipt(s) for purchase(s) made with the funds.

Signature

Witness

Name

Name

Date