

# mend

*rebuilding lee county one life at a time*

**Organization Name:** \_\_\_\_\_

**Organization Address:** \_\_\_\_\_

**Organization Phone:** \_\_\_\_\_

**Representative Name(s):** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**After hours contact # (cell phone):** \_\_\_\_\_

**Current Efforts:** \_\_\_\_\_

**Future Plans:** \_\_\_\_\_

**Resources that you can offer/have access to:**

Heavy Equipment _____	Utility Assistance _____	Counseling _____
Clean up Supplies _____	Childcare Assistance _____	School Supplies _____
Building Material _____	Transportation _____	Financial Assistance _____
Insurance/Legal Services _____	Prescription Assistance _____	Housing Programs _____
Food Programs _____	Support Groups _____	OTHER _____