



# Assistance League of St. Louis Outreach

## Request for Assistance Form

Please complete all information and mail or email the completed form to:

**Assistance League of St. Louis**  
**30 Henry Avenue**  
**Ellisville, MO 63011**  
[outreach@alstl.org](mailto:outreach@alstl.org)

<b>Requesting Agency Information</b> <b>Date:</b> _____	
<b>Agency Name</b>	
<b>Address</b>	
<b>Telephone #</b>	
<b>Cell Phone #</b>	
<b>Fax #</b>	
<b>Email address</b>	
<b>Contact Person Name</b>	
<b>Please provide your mission statement.</b>	
<b>What are your sources of funding?</b>	
<b>What would you like to share with us about your agency?</b>	
<b>Describe your need or request. Please be as specific as possible.</b>	
<b>Number of individuals this request would serve</b>	
<b>Projected cost of this request</b>	

**Thank you for contacting us. Someone from Assistance League will contact you for further discussion.**