



Request for Firefighter's "Love Gift"

Please provide the following information to be considered for a "Love Gift" of \$100 from the Auxiliary to the Virginia State Firefighters' Association.

Firefighter Information

Name of Firefighter: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Date of Injury/Illness: _____

Last Day Worked Due to Injury/Illness: _____

Have you received a "Love Gift" from the State Auxiliary for this injury/illness before?

☐ Yes ☐ No

Name of Fire Department: _____

Is your fire department a current member of the Virginia State Firefighters' Association?

☐ Yes ☐ No

Name of person requesting "Love Gift": _____

Rank of the person requesting "Love Gift": ☐ Chief / President of the fire department
☐ Secretary of the fire department
☐ President of the auxiliary
☐ Secretary of auxiliary

Once the information is verified of the injured/ill firefighter named above, a one-time Love Gift of \$100 will be sent to the address above.

Please mail this completed form to: Tina Puffenbarger
853 Northfield Ct.
Harrisonburg, VA 22802