

AFFINITY Assistance Program

This form is to be completed by the referring Agency/Organization or Business for qualifying Charitable Organizations in need of Transportation Services. Referrals will be considered and interviewed by Albert Puig and/or his staff before confirmation of acceptance. The referred Organization must be involved in the business of helping needy families by providing food, clothing or medical assistance at low or no cost and provide employment and vocational or educational opportunities.

Your Name*	<input type="text"/>
Your Email*	<input type="text"/>
Your Contact Phone	<input type="text"/>
Referring Agency/Organization/Business	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	Texas <input type="button" value="v"/>
Zip Code	<input type="text"/>

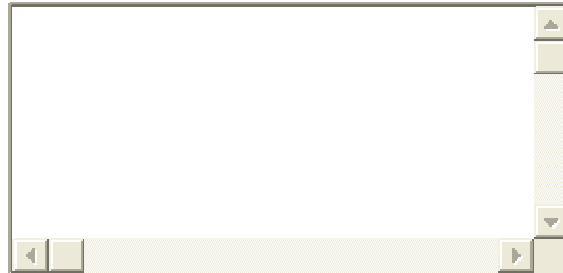
Charitable Organization

When referring an Organization for donated transportation services please make certain that they possess pertinent information about their organization (valid FID. ,501c3 articles of Incorporation, etc.) before making the referral

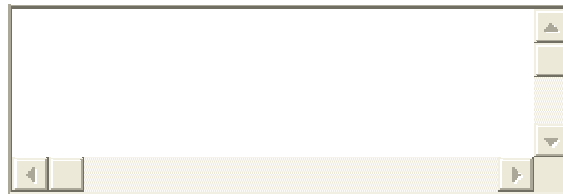
Name*	<input type="text"/>
Email address	<input type="text"/>
Phone Number	<input type="text"/>
Street Address	<input type="text"/>
City	<input type="text"/>
State	Alabama <input type="button" value="v"/>
Zip Code	<input type="text"/>

Please share any information you feel will help our staff understand the present situation on a separate page. It is our hope that by providing this service it will contribute to the immediate needs of the individuals served and the future success of the Organization.

Information



Why are you referring this Organization for Transportation Services?



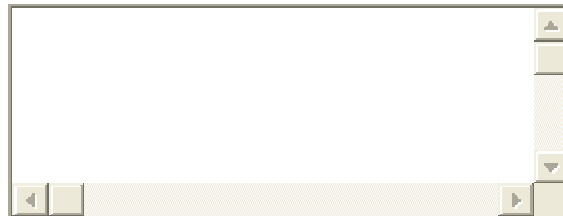
How long have you known about this Organization?

Have you worked in the capacity of Case Worker, Counselor, Caregiver, or Pastor for the organization being referred?

Yes

No

Explain what the Organization is doing to help improve the lives of people in need, and state future goals/plans they may have.



Submit Form

[Submit Form](#)

Also send me a copy

*Required