

Hurricane Irma Relief Assistance

Member Company Name _____

Company Address _____

City State Zip _____

Email address _____

Phone # _____

Did your company sustain any damage/loss due to Hurricane Irma? _____ yes _____ no

Did any of your employees sustain any damage/loss due to Hurricane Irma? _____ yes _____ no

Affected Employee Name

Email address

Additional Comments (tell us anything you think we might need to know)
