Tornado Relief Fund Application

National Shooting Sports Foundation®

Store Name:		Date:
Address:		
City:	State:	Zip:
Primary Contact Name:		
Primary Contact Address:		
City	State	Zip:
Phone Number:	Fax Number:	
Cell Phone:	Email:	
FFL Number:		
NSSF Member ID #:		
Amount Requesting: $		

Critical Need:

Have you contacted your insurance company? ☐ Yes ☐ No
If Yes, please attach a notice from your insurance carrier acknowledging receipt of your claim.

To expedite the processing of your application, please provide any other documentation that will substantiate your financial hardship and intent to resume operations (e.g., bills, invoices, receipts, pictures, correspondence with vendors/suppliers/distributors, etc.)

For Office Use Only

Approved

Date

Amount Awarded

Return application to:
Tornado Relief Fund, Samantha Hughes, National Shooting Sports Foundation, 11 Mile Hill Road, Newtown, CT 06470 • Fax: 203-426-1087, Email: shughes@nssf.org