

National Chapter Volunteer Refund Request Form

Attached please find a copy of your AMIGOS account statement. In the case that a volunteer has fundraised an amount greater than the Program Fee, they may be eligible to receive a credit against their family payment. This refund cannot exceed the family payment contribution and must be requested by July 31st of the year in which the volunteer participated. Please note that refunds may only be processed to individuals who have made payments to the Program Fee, and the amount of the refund issued to any individual may not exceed the amount of that individual's original payment. Refunds resulting from fundraising overpayment will be mailed during the first two weeks of June. Please submit the completed form to admissions@amigosinternational.org.

Volunteer Name: _____ **Volunteer Customer ID:** _____

Total Refund Amount Requested: _____

Please designate the primary, secondary, and tertiary recipients of the refund. Refunds will be sent to the primary recipient, based upon the terms in the Finance Policy and conditions noted above. If the refund amount is in excess of the amount the primary recipient is eligible to receive, the remaining amount/s will be sent to the secondary and tertiary recipients indicated below.

Primary Recipient

Name: _____

Amount: _____

Address: _____

Secondary Recipient

Name: _____

Amount: _____

Address: _____

Tertiary Recipient

Name: _____

Amount: _____

Address: _____

Please note that your signature and subsequent refund will close your current account with AMIGOS, and your signature represents authorization that any subsequent contributions to this account are authorized for general operational use by AMIGOS.

Authorized Parent/Guardian Signature (or 18+ volunteer): _____

Date: _____