



# MILITARY CARE PACKAGE REQUEST

Fill out the form below to request a care package be sent to a service member that you know.

## Family Contact Name

\_\_\_\_\_

(First)

\_\_\_\_\_

(Last)

\_\_\_\_\_

Contact Phone Number

\_\_\_\_\_

Contact Email

## Service Member Name

\_\_\_\_\_

(First)

\_\_\_\_\_

(Last)

\_\_\_\_\_

Service Member Branch

\_\_\_\_\_

Service Member Rank

\_\_\_\_\_

Projected End of Current Assignment

## Service Member Address

Unit: \_\_\_\_\_

Box: \_\_\_\_\_ Zipcode: \_\_\_\_\_

City or APO/FPO/DPO: \_\_\_\_\_

State or AA/AE/AP: \_\_\_\_\_

## List of Items Needed