

# KALOGRIS FOUNDATION ASSISTANCE REQUEST APPLICATION



Distributor's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ ID#: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

## CANDIDATE INFORMATION

Name: \_\_\_\_\_  
Address\*: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

*\*Must be a valid street address, cannot deliver to a Post Office Box.*

## GUIDELINES FOR CONSIDERATION

Applications will be accepted from active Reliv distributors in good standing for a continuous period of at least one year. Applications will be considered for those individuals who have been on Reliv products and have run into a hardship. The distributor should advise the candidate that an application is being submitted. A 3-month supply of 2 products marked below will be shipped. This will be a One Time Only shipment. Please allow 8-10 weeks after receipt of request for an order to ship. Due to the number of requests received, distributors are limited to 2 requests per year.

Product Needed:

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| <input type="checkbox"/> Reliv Classic®  | <input type="checkbox"/> Reliv Now®                    |
| <input type="checkbox"/> Reliv Now® for Kids Vanilla   | <input type="checkbox"/> Reliv Now® for Kids Chocolate |
| <input type="checkbox"/> Reliv FibRestore®   | <input type="checkbox"/> Reliv Arthaffect®             |
| <input type="checkbox"/> Reliv Innergize® ( <input type="checkbox"/> Cool punch, <input type="checkbox"/> Lemon, <input type="checkbox"/> Orange)        | <input type="checkbox"/> Reliv ProVantage®             |
| <input type="checkbox"/> Reliv Slimplicity™ ( <input type="checkbox"/> Vanilla, <input type="checkbox"/> Chocolate, <input type="checkbox"/> Strawberry) | <input type="checkbox"/> Reliv SoySentials®            |
| <input type="checkbox"/> Reliv ReversAge®  |  |

Please provide a brief explanation of candidate's situation:

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Please mail or fax the above information to:

Reliv International Inc.

ATTN: Reggie Ament

136 Chesterfield Industrial Blvd.

Chesterfield, MO 63005

E-Mail: [rament@relivinc.com](mailto:rament@relivinc.com)

Fax: 636.537.8895

Phone: 636.733.1395