

**DISTRICT 2-A2 HUMAN NEEDS BOARD
CLUB REQUEST FOR ASSISTANCE**

(ALL INFORMATION CONTAINED HEREIN WILL BE TREATED CONFIDENTIALLY)

TO: HUMAN NEEDS BOARD

THE _____ LIONS CLUB REQUESTS

FINANCIAL ASSISTANCE IN SATISFYING A HUMAN NEED FOR THE FOLLOWING

INDIVIDUAL(S): _____ AGE. _____

ADDRESS: _____

IF DISABLED, FOR HOW LONG: _____

PLEASE DESCRIBE DISABILITY: _____

DESCRIBE SPECIFIC NEED: _____

WHICH CLUBS IN YOUR ZONE SHARE IN THE COST OF THIS NEED?

AMOUNT \$ _____ NAME OF CLUB _____

AMOUNT \$ _____ NAME OF CLUB _____

AMOUNT \$ _____ NAME OF CLUB _____

AMOUNT \$ _____ NAME OF CLUB _____

HOW MUCH WILL YOUR CLUB CONTRIBUTE TO THIS REQUEST FOR HELP? \$ _____

DATE: _____ SIGNED BY _____

PHONE: _____

PLEASE ALLOW TEN BUSINESS DAYS FOR THIS REQUEST TO BE PROCESSED.
DOUBLE CHECK TO MAKE SURE ALL BLANK LINES ARE COMPLETED, IF NOT YOUR REQUEST WILL
BE DELAYED.