

DISTRICT 2-A2 HUMAN NEEDS BOARD
CLUB REQUEST FOR ASSISTANCE (2017-18)

(other than for Hearing Aids)

(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(s). _____

ADDRESS: _____

VALIDATION: (Copies of bill(s) or document(s) indicating the total cost and balance due MUST be included with the Request.)

List Bills/Documents: _____

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 (Club) _____

PHONE: _____ PRINTED NAME: _____

EMAIL: _____

PLEASE ALLOW **30** BUSINESS DAYS FOR THIS REQUEST TO BE PROCESSED. DOUBLE CHECK TO MAKE SURE ALL BLANK LINES ARE COMPLETED and DOCUMENTS ATTACHED. IF NOT, YOUR REQUEST WILL BE DELAYED.