

Good and Welfare Information

Please complete and send to Carolyn Schefter at Hannah Caldwell. Thank you

Please print or type:

Building _____ Date _____

Member Name _____

Member Address _____
Street City Zip Code

Home Phone # _____

Please check one:

_____ Marriage _____ Birth _____ Illness/ Surgery _____ Death in Family

Marriage- Maiden/ Married Name _____

Birth Son/ Daughter Name _____

Date of Surgery _____

Illness/ Dates out of School (10 or more work days) _____

Death relationship to member _____

Name of relation _____

Name of Charity _____

Address of Charity _____

Your Name _____ School Phone # _____

DO NOT FILL OUT

Card sent _____

Voucher Done _____

Donation sent _____

Check no. _____

Completed _____