

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: _____

SSN# _____

IF DISABLED, FOR HOW LONG: _____

PLEASE DESCRIBE DISABILITY: _____

DESCRIBE SPECIFIC NEED: _____

WILL OTHER CLUBS IN YOUR ZONE SHARE IN THE COST OF THIS NEED? IF SO, INDICATE
AMOUNT \$ _____ NAME OF CLUB(S), _____

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

IF THIS REQUEST FOR FINANCIAL AID IS GRANTED, WHO IS THE CHECK TO BE MADE OUT TO?

AND WHERE IS IT TO BE SENT? _____

DATE: _____ SIGNED BY _____

PHONE: _____

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