

**Grand Chapter of Nebraska OES
Request Form, April 2019**

To request financial assistance from the Benevolence Committee, please fill out this form and send to the Grand Chapter Office.

NAME: _____ DATE: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ MOBILE: _____

EMAIL: _____

CHAPTER NAME: _____ NUMBER: _____

LOCATION: _____

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING? (be specific):

COST: _____

WHAT WILL THE REQUEST BE USED FOR? (be specific)

The guidelines of the Benevolence Committee require that any request be for a one-time financial assistance.

ALL INFORMATION GIVEN TO THE BENEVOLENCE COMMITTEE WILL REMAIN CONFIDENTIAL.

Name and address of requestor if other than the recipient:

NAME: _____ CHAPTER: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____