

THE BOBBY WILT FOUNDATION REQUEST FOR DONATION FORM

FULL NAME:

Last	First	MI
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EMPLOYEE NUMBER:	DATE OF BIRTH:	SEX:			
	<table border="1" style="width:100%"> <tr> <td style="width:33%">MONTH</td> <td style="width:33%">DAY</td> <td style="width:33%">YEAR</td> </tr> </table>	MONTH	DAY	YEAR	<input type="checkbox"/> Male <input type="checkbox"/> Female
MONTH	DAY	YEAR			

ADDRESS:

Street Address (including box or apt. no.)	City	State	Zip
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TELEPHONE NUMBERS:

Home: ()

Cell: ()

Other: ()

CURRENT INSTITUTION:	INSTITUTION PHONE NUMBER:	DATE OF HIRE:			
	()	<table border="1" style="width:100%"> <tr> <td style="width:33%">MONTH</td> <td style="width:33%">DAY</td> <td style="width:33%">YEAR</td> </tr> </table>	MONTH	DAY	YEAR
MONTH	DAY	YEAR			

MUST BE A CURRENT FULL DUES PAYING H-1 MEMBER IN GOOD STANDING. PLEASE PROVIDE A H-1 CONTACT NAME (I.E. PRESIDENT, VICE PRESIDENT, ETC.):

Last	First
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DATE OF INCIDENT/EVENT:				
<table border="1" style="width:100%"> <tr> <td style="width:33%">MONTH</td> <td style="width:33%">DAY</td> <td style="width:33%">YEAR</td> </tr> </table>	MONTH	DAY	YEAR	
MONTH	DAY	YEAR		

IN THE SPACE BELOW PLEASE PROVIDE DETAILS OF INCIDENT/EVENT. IF YOU NEED MORE SPACE PLEASE USE THE ATTACHED FORM. PLEASE ATTACH ANY SUPPORTING DOCUMENTS TO THIS FORM (I.E. NEWSPAPER CLIPPINGS, OBITUARY ETC.)

ALL REQUESTS FOR DONATION FORMS MUST BE POSTMARKED NO LATER THAN 60 DAYS OF THE INCIDENT/EVENT. REQUESTS FOR DONATIONS WILL BE APPROVED OR DENIED BY THE BOARD ON A CASE BY CASE BASIS. ALL DECISIONS ARE FINAL.

WARNING: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application may be guilty of a crime and subject to penalty. By signing below you acknowledge that you understand the above statement and are claiming that all statements made by you are the truth. You also give permission to any member of the Bobby Wilt Foundation Board to verify the above information:

Signature:	Date:
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<p>THE BOBBY WILT FOUNDATION 2421 North Front Street Harrisburg PA 17110 866.467.7262 toll free 717.364.1705 fax www.pscosa.org</p>	 <p><small>the</small> BOBBY WILT FOUNDATION</p>
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