THE BOBBY WILT FOUNDATION REQUEST FOR DONATION FORM

FULL NAME:

Last	First	MI

EMPLOYEE NUMBER:	**DATE OF BIRTH:**	**SEX:**	
	MONTH DAY YEAR	☐ **Male**	☐ **Female**

ADDRESS:

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

TELEPHONE NUMBERS:

Home:	**Cell:**

CURRENT INSTITUTION:	**INSTITUTION PHONE NUMBER:**	**DATE OF HIRE:**
	( )	MONTH DAY YEAR

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

Last	First

DATE OF INCIDENT/EVENT:	MONTH	DAY	YEAR	**DID INCIDENT/EVENT TAKE PLACE AT WORK:**	**YES** ☐ **NO** ☐

IN THE SPACE BELOW PLEASE PROVIDE DETAILS OF INCIDENT/EVENT. ATTACH ANOTHER SHEET IF NECESSARY. IF YOUR REQUEST FOR DONATION IS FOR CONTINUED EDUCATION PLEASE EXPLAIN IN DETAIL. PLEASE ATTACH ANY SUPPORTING DOCUMENTS TO THIS FORM (I.E. NEWSPAPER CLIPPINGS, OBITUARY ETC.).

Are you currently using leave?	**Yes** ☐	**No** ☐
If Yes, what leave code:	**Leave available:**	

ALL REQUESTS FOR DONATION FORMS MUST BE POSTMARKED NO LATER THAN 60 DAYS OF THE INCIDENT/EVENT. IF YOU ARE SUBMITTING YOUR REQUEST PAST THE 60 DAY LIMIT, YOU MUST EXPLAIN IN DETAIL. 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:**

THE BOBBY WILT FOUNDATION
2421 North Front Street
Harrisburg PA 17110
866.467.7262 toll free
717.364.1705 fax
www.pscoa.org