



Chairman  
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## Ontario Elks Association

### Application to Ontario Elks Charity Fund

Name of Lodge ..... No. ....

Lodge Secretary, Name ..... Phone .....

Address .....

**Application for:**

Name ..... Age .....

Address .....

..... Occupation .....

Number of Dependants .....

Assistance Requested .....

.....

.....

.....

Estimated Cost .....

Has your Lodge investigated this request thoroughly? .....

Is assistance available from any other Charitable Fund? .....

Date ..... Exalted Ruler .....  
 Signature

Secretary .....  
 Signature

INVESTIGATION BY WELFARE COMMITTEE

FAMILY NAME ..... Date Req'd .....

ADDRESS ..... Date Checked .....  
(if less than 12 months, previous address)

..... Phone .....

Husband/Wife Name ..... Ages .....

No. of Children ..... Names/Ages .....

Employed by .....

Unemployed? Why? .....

Trade or usual occupation .....

Total Monthly Income ..... Total Monthly Expenses .....  
(if necessary, itemize and attach to this form)

Remarks .....

Assistance Requested .....

Recommendations .....

Recommended by ..... Date .....

Have they rec'd similar assistance before? .....

If "yes", where ..... When .....

Name of Organization ..... Amount .....

Reasons .....

Approved by .....

Date .....

.....  
Chairman of Welfare Committee