

Good and Welfare Form

Please send this form to **Kristin Nunes** at **Jefferson School**

Your Name _____ Your Building _____

Your Phone Number _____ Date Sent _____

Please Check one:

____Marriage ____Birth ____Illness/Surgery ____Death in Family

Member's Name _____

Member Address _____

Marriage - Maiden/Married Name _____

Birth of Son/Daughter Name _____

Illness/Dates out of School (10 or more work days) _____

Surgery Date (if applicable) _____

Death in Family- relationship to member _____

Relatives Name _____

Name of Charity _____

Address of Charity _____

Do Not fill out

Date Rec. _____

Card sent _____ Date _____

Voucher Done _____ Date _____

Donation Sent _____ Date _____ Check # _____