

GOODFELLOWS Assistance Request

	Client Inform	nation
Date	Name	
Home Phone	Cell Phone	Email Address
Address		
City	State.	ZIP Code
Amount Requested		
Reason for Request		Person Taking Request
Additional Information (Seniors/Military/etc.)		Person Taking Request Name & FD ID
PLEAS	E DO NOT WRITE BELOW TH	HIS LINE. OFFICE USE ONLY
Approved		Amount Approved
Check Number		Date Approved
Approved By		Check made out to
Q		G
PO Box 166 Highland, MI 48357	Highland Tov Fire Association G	vnship 248-887-9050 oodfellows Ext. 5