

The Margaret Elizabeth Daniel Respite Fund

Masonic Province of Down, 115 The Mount, Belfast, BT5 4ND Tel: (028) 9045 9694

The sponsor is requested to provide all the information required on this application, which will only be used to process a request for financial assistance from the Margaret Elizabeth Daniel Respite Fund.

APPLICANT INFORMATION -

NAME _____

ADDRESS _____

_____ POST CODE _____

DATE OF BIRTH ___/___/___ MASON or RELATIONSHIP TO MASON _____

MASONIC LODGE No. _____ DISTRICT CHARITY COMMITTEE _____

APPLICANT'S SPONSOR _____ TEL No. _____

RESPITE CARE REQUIRED (Please provide as full information as possible, attaching further sheets if required) -

PERIOD FROM ___/___/___ TO ___/___/___ COST OF COVER £ _____

CARE PROVIDER _____

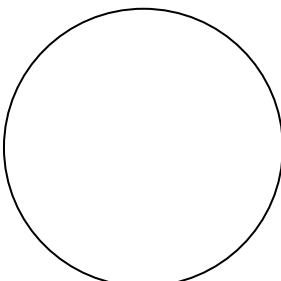
PROVIDER'S CONTACT _____ TEL No. _____

LEVEL OF FUNDING REQUESTED £ _____

I certify that the information given in this application is accurate and truly reflects the personal circumstances and requirements of the applicant, and that any grant approved by the Margaret Elizabeth Daniel Respite Fund will be used solely for the purpose of providing respite care as detailed above.

SPONSOR'S SIGNATURE _____ DATE _____

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LODGE
SECRETARY OR
ALMONER'S
SIGNATURE _____

DATE _____

