

# REQUEST FOR BURN FUND DONATION

## APPLICANT INFORMATION

Name:

Date of Request:

Date of Birth:

Phone:

Current address:

City:

State:

ZIP Code:

## EMPLOYER INFORMATION

Employer/Utility:

Employer address:

Duration of Employment:

Phone:

E-mail:

Fax:

City:

State:

ZIP Code:

Position at company:

Supervisor:

Hourly    Salary    *(Please circle)*

## INJURY INFORMATION

Date of Injury:

Nature of Injury:

## COMMITTEE INFORMATION

Committee Member Name:

Amount Given:

Date:

Contacted By:    Email    Phone

## COMMITTEE MEMBER COMMENTS:

Received by Mesa Hotline School Board:    Yes    No

## SIGNATURES

Signature of President:

Date: