



Referral Form to Request

Financial Support for Quality of Life for Local Elder

Maximum amount of gift request:\$3,000

Frequency of gift per individual: Yearly

Requestor's Name and Contact Information

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____ (If applicable)

Agency Representing: _____

Potential Recipient of Financial Gift:

Name: _____ Phone: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____ (If applicable)

Brief Description of Recipient's Need, Include Quality of Life Impact:

Thank you for this referral! It will be reviewed by our Referral Committee at their next meeting. Both you and the potential recipient will then be contacted with our decision. If accepted, the recipient will be given the Application Form to complete.

Signature _____ Date _____