BEREAVEMENT

DONATION/FLOWER ORDER FORM

Councillor: Please fill out form in its entirety and return to Recording Secretary

**MDA-UAW Local 571**

**Phone: (860) 448-0552**

**Fax: (860) 448-3721**

**E-mail:** [recordsec571@gmail.com](file:///C:\Users\uawlo\Downloads\recordsec571@gmail.com)

|  |  |
| --- | --- |
| DATE: | |
| DECEASED NAME: | |  | | |
| DATE OF PASSING: | |  | | |
| RELATIONSHIP TO DECEASED: | |  | | |
| MEMBER(S) NAME: | |  | | |
|  | |  | | |
| COUNCILLOR: |  | | PHONE NO: |  |

**WAKE INFORMATION:**  No Wake  Donation

|  |  |  |  |
| --- | --- | --- | --- |
| DATE: |  | CALLING HOURS: |  |
| PHONE: |  |  |  |
| FUNERAL HOME NAME: | |  | |
| FUNERAL HOME ADDRESS: | |  | |
|  | |  | |

**DONATION/CHARITY INFORMATION:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| NAME: |  | | PHONE NO: | |  |
| ADDRESS: |  | | FAX NO: | |  |
|  |  | | EMAIL: | |  |
|  |  | |  | |  |
|  |  |  | |  | |

**FOR OFFICE USE ONLY:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date Completed: |  | Member Benefit: | | | | Yes / No |
| Check Number: |  | Dish Garden Delivery Date: | | | |  |
| Number of Members: |  |  |  |  | |  |
| Members Address: |  | | | |  | |
|  |  | | | |  | |
|  |  | | | |  | |