

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**

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: _____
