



Name of Member Nominating: _____

Local # _____ Card #: _____

Phone: _____ Email: _____

Name of Member being nominated: _____

Local # _____ Card #: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Reason for needing help:

How many days will you be attending the Reunion: _____

Do you have transportation: _____

Do you need/have a caregiver: _____

What are your needs for the reunion?

- ☐ Airfare
- ☐ Gas for vehicle
- ☐ Golf Cart
- ☐ Hotel or Accommodations

Any needs (medical or other) in addition:

Deadline: April 1st

Please email form to 1891fund@gmail.com for consideration.

Any questions contact Pat McDermott: (773) 807-2584