

## **VICTORY LODGE 1725**

## Request form for Sick & Disabled

## OR Bereavement (Floral/Fruit Basket or Donations or Bible)

\*\*\* All boxes must be completed to fill request. See bylaws on website for compliance.

Name of Who Request is for:
Name of Member in good standing and relationship:
Address for delivery instructions:
, and the second
Phone contact:
i none contact.
Date and time if for services:
Date and time it for services.
Who's requesting information:
Phone or email:
Additional instructions: