



**IBEW Local 2351
Churchill Falls, NL**

Sick and Bereavement Committee

Member's Name: _____

Check one:

Off work due to illness:

Fruit basket ordered on: _____

Fruit basket delivered on: _____

Signed: _____

Committee Member

Loss of loved one:

Name of Loved One: _____

Relationship to Member: _____

Bible delivered on: _____

Signed: _____

Committee Member

Or

Charitable Donation requested for: _____

Organization

Location

If Charitable donation is requested, send a copy of this form to the Treasurer.

Donation Sent to Organization on: _____

Signed: _____

Treasurer