

Please Print
Or Type

**CLEM & EVELYN AUDIN FUND
COLORADO ELKS ASSOCIATION, INC**

(Please Attach Supporting Documentation)

DATE OF REQUEST: _____

AMOUNT OF REQUEST: \$ _____ FINAL AMOUNT APPROVED: \$ _____

RECIPIENT INFORMATION

NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PURPOSE OF REQUEST:

LODGE INFORMATION

LODGE NAME: _____ LODGE #: _____ DIST: _____

ADDRESS: _____ CITY: _____ ZIP: _____

APPLICATION CONTACT PERSON: _____

CONTACT PHONE #: _____

LODGE SECRETARY

NAME: _____

SIGNATURE: _____

DIST CHAIRMAN SIGNATURE: _____

APPROVE: _____ DISAPPROVE: _____ District Approval/Disapproval Date: _____

STATE CHAIRMAN SIGNATURE: _____

APPROVE: _____ DISAPPROVE: _____ State Approval/Disapproval Date: _____