



## Zee Memorial Fund Application Form

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Member: Yes \_\_\_\_\_ NO: \_\_\_\_\_ Loan: \_\_\_\_\_ Donation: \_\_\_\_\_

Amount seeking: \_\_\_\_\_ If loan, repayment plan: \_\_\_\_\_

Reason for loan/donation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**For Official Use – Do not write below this line**

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ If approved, check number: \_\_\_\_\_