



Laborers' CARE Donation Request Form

(Fax to 615 872-0246 or mail to)
Laborers' CARE Attn: James Hale, Chairman
401 Commerce Street, Suite 5300
Nashville, TN 37219

Local Union: _____

Name of Member (must be in good standing) _____

Business Manager Completing Request: _____

Date of Accident/Injury: _____

Did the Accident/Injury occur on the Jobsite: Yes ___ No ___

Location: (Jobsite Where Accident Took Place) _____

Name of Contractor _____

Description of Accident: _____

Name that Donation should be issued to: _____

Additional Comments: _____

Bottom Portion To Be Completed By CARE Staff

Donation Approved: Yes ___ No ___ Date: _____ By: _____

Donation Amount: _____ To be Delivered by: _____

Bottom Portion To Be Completed By CARE Staff

Donation Approved: Yes ___ No ___ Date: _____ By: _____

Donation Amount: _____ To be Delivered by: _____