



Laborers' CARE Donation Request Form

(fax or mail)

Laborers' CARE

Attn: James Hale, Chairman

615 Highland Trail

Sparta, TN 38583

Phone: 931-510-1405

FAX: 931-761-8584

jhale386@gmail.com

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: _____