

# The Margaret Elizabeth Daniel Respite Fund

Registered Charity No. XR81525

Masonic Province of Down, 115 The Mount, Belfast, BT5 4ND Tel: (028) 9045 9694

The sponsor is requested to provide all the information required on this application, which will only be used to process a request for financial assistance from the Margaret Elizabeth Daniel Respite Fund.

## APPLICANT INFORMATION -

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_ POST CODE \_\_\_\_\_

DATE OF BIRTH \_\_\_ / \_\_\_ / \_\_\_ MASON  or RELATIONSHIP TO MASON \_\_\_\_\_

MASONIC LODGE No. \_\_\_\_\_ DISTRICT CHARITY COMMITTEE \_\_\_\_\_

APPLICANT'S SPONSOR \_\_\_\_\_ TEL No. \_\_\_\_\_

## RESPITE CARE REQUIRED (Please provide as full information as possible, attaching further sheets if required) -

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

PERIOD FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_ COST OF COVER £ \_\_\_\_\_

CARE PROVIDER \_\_\_\_\_

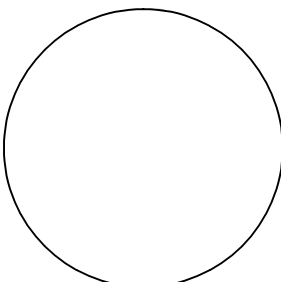
PROVIDER'S CONTACT \_\_\_\_\_ TEL No. \_\_\_\_\_

LEVEL OF FUNDING REQUESTED £ \_\_\_\_\_

I certify that the information given in this application is accurate and truly reflects the personal circumstances and requirements of the applicant, and that any grant approved by the Margaret Elizabeth Daniel Respite Fund will be used solely for the purpose of providing respite care as detailed above.

SPONSOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Lodge Seal



LODGE  
SECRETARY OR  
ALMONER'S  
SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

**FOR OFFICE USE ONLY –**

Reference No. \_\_\_\_\_

Approved           Rejected

Date \_\_\_/\_\_\_/\_\_\_

Funding Approved £ \_\_\_\_\_

Remaining Funds Available £ \_\_\_\_\_

Cheque No. \_\_\_\_\_

Cheque Despatched \_\_\_/\_\_\_/\_\_\_

Decision \_\_\_\_\_

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Trustee Signature \_\_\_\_\_

Trustee Signature \_\_\_\_\_