

## The Margaret Elizabeth Daniel Respite Fund

Masonic Province of Down, Galwally House, 2 Drumkeen Complex, Upper Galwally, Belfast BT8 6FY  
Tel No 02890 459694

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__ Y/N 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 additional sheets if required)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Period From \_\_/\_\_/\_\_ To \_\_/\_\_/\_\_ Cost of Cover £ \_\_\_\_\_

Care Provider \_\_\_\_\_

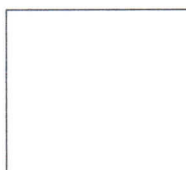
Provider's Contact \_\_\_\_\_ Tel No \_\_\_\_\_

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<br>or Almoner's<br>Signature _____ Date _____ |
|---|---|