



CLEM & EVELYN AUDIN FUND
COLORADO ELKS ASSOCIATION, INC
(Please Attach Supporting Documentation)



Please Print or Type

AMOUNT OF REQUEST: _____ FINAL AMOUNT APPROVED: \$ _____

RECIPIENT INFORMATION:

NAME: _____ DATE OF BIRTH: _____ AGE: _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

PURPOSE OF REQUEST:

LODGE INFO:

LODGE NAME: _____ LODGE #: _____ DIST: _____

ADDRESS: _____ CITY: _____ ZIP _____

APPLICATION CONTACT PERSON: _____

CONTACT PHONE #: _____

LODGE SECRETARY: _____

SIGNATURE: _____

DIST CHAIRMAN SIGNATURE: _____

APPROVE: _____ DISAPPROVE: _____ District Approval/Disapproval Date:

STATE CHAIRMAN SIGNATURE: _____

APPROVE: _____ DISAPPROVE: _____ State Approval/Disapproval Date: