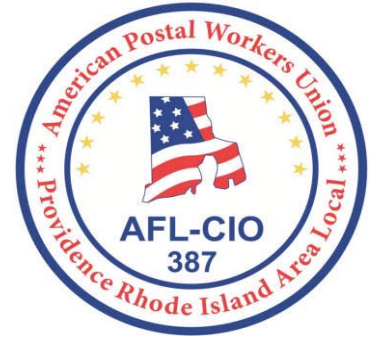




Local 387 Sunshine Fund  
PO Box 40430  
Providence Rhode Island  
02940



Application

## *APWU Members Requesting Assistance*

*Please type or print all information.*

### *Article 2 - Objective*

a. The objective of this Fund is to raise funds to provide the opportunity for eligible members of the Providence, Rhode Island Area Local ("hereinafter referred to as "the Local" or "Local387") of the American Postal Workers Union ("APWU") to apply for and receive financial assistance in the event that they suffer a **medical hardship** personally or within their immediate family. This Fund's Purpose is purely charitable and not for profit.

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Residence Address:

\_\_\_\_\_

Email: \_\_\_\_\_

Phone (day): \_\_\_\_\_ (evening): \_\_\_\_\_

Please indicate what dollar amount of contribution is needed \$ \_\_\_\_\_

Please describe how this contribution will be used: \_\_\_\_\_

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

Current Gross Monthly Incomes: \$\_\_\_\_\_ Include all Income from all sources.

Please feel free to share with Sunshine Committee any additional information that may assist us in our decision to provide requested support:

---

---

---

---

---

By signing this form I acknowledge that the above information is accurate and that any donation will be used strictly for above described purpose(s).

\_\_\_\_\_  
Print Name Date

\_\_\_\_\_  
Signature

Sunshine Committee Members Signatures for Approval:

\_\_\_\_\_  
Signature Print Name Date

\_\_\_\_\_  
Signature Print Name Date

\_\_\_\_\_  
Signature Print Name Date