

Please provide brief narrative relative to beneficiary's accident/illness.

If beneficiary is a Knight of Columbus; list Council name, number and location and years of membership.

Please indicate participation by local Knights of Columbus in efforts to assist beneficiary, i.e. dollars contributed, fundraising activities, hours worked, etc.

Comments/Miscellaneous Data (Expand on previous information, provide names of medical facilities or other factors pertinent to this request.)

Name of Requester (Must be a Knight of Columbus)	Council #	Telephone
Address	City, State, Zip	
Current or Previous KC positions	Signature of Grand Knight	

Send completed form to:

**WISCONSIN STATE COUNCIL
 KNIGHTS OF COLUMBUS
 4297 WEST BELTLINE HWY.
 MADISON, Wisconsin 53711**

If you have any questions concerning this form please call the State Office at (608) 274-5750