



UNITED WE CARE

United We Care Fund

Store Director's Statement

This form is required for Team Members requesting funds for emergency reasons.

Team Member's Name: _____

Team Member # _____ Team Member Department: _____

Date of Emergency: ___ / ___ / ___

Date Assistance is needed: ___ / ___ / ___

Has Store contributed any assistance: Yes No How much? _____

To your knowledge, what is the emergency that the team member is going through?

Do you know the situation personally? Yes No

If not how do you know about the situation? _____

If given assistance will the funds be used for the emergency? Yes No

Additional Comments: _____

Today's Date

Typed or printed Name

Signature