Good and Welfare Committee Order Statement
ASEA/AFSCME Local 52- Anchorage Chapter

Directions: Complete this Order Statement completely and email completed form to: **ancgood.n.welfare@gmail.com.**

Member Requesting Order
Name:
Phone:

Date Order Requested:

Purpose of Request:

( ) Recent illness/surgery ( ) Recent accident/disability
( ) Recent death in the family ( ) Celebration (Specify):
( ) Other:

Information on Union Member /Family Member To Receive Item

Name: Family Member (if applicable):
Contact Phone:
Delivery Address:

Additional Details: Please include anything that helps guide the gesture—such as a preference for flowers or a plant, a specific delivery date, or the name of a preferred charity for donations.

"Brief Message (under 15 words): A short note to accompany the gesture—flowers, plants, or charitable donation.

Please note this support is available to members who are in good standing with the union.

************For Committee Member to Complete ONLY**************

Date Order Placed:
Committee Member Name:
Company Contacted to Fill Order:
Company Address/Phone Number:
Company Contact Name (if applicable):
Cost Quoted for Purchase: