



**Grand Parlor Office**  
 543 Baker Street  
 San Francisco, California 94117-1405  
 Website: www.ndgw.org

Phone: (800) 994-NDGW  
 or: (415) 563-9091  
 Fax: (415) 563-5230  
 Email: ndgwgpo@att.net

# NATIVE DAUGHTERS OF THE GOLDEN WEST

## CONFIDENTIAL APPLICATION FOR RELIEF FROM THE JAMES D. PHELAN FUND

FROM \_\_\_\_\_  
 Full Name

\_\_\_\_\_  
 Address/Zip Code

\_\_\_\_\_  
 Telephone Number, Including Area Code

Member of \_\_\_\_\_ Parlor No. \_\_\_\_\_ for  
 \_\_\_\_\_ years.

I hereby attach a photocopy of my dues receipt showing my membership in the above listed Parlor, paid to \_\_\_\_\_

Application is hereby made for assistance for the following reasons:

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

(If more space is needed please use separate paper)

AMOUNT requested: \$ \_\_\_\_\_ to be used for:

Receipted or unpaid bills to be attached together with any notes of explanation

Doctor Bills: \$ \_\_\_\_\_  
 Nursing Care: \$ \_\_\_\_\_  
 Hospital: \$ \_\_\_\_\_  
 Medicine: \$ \_\_\_\_\_  
 Other (specify) \$ \_\_\_\_\_

I am (am not) on a pension. My family consists of:

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

Personal financial status: Approximately \_\_\_\_\_ income per month.

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Member