

**DOWS CHARITY ASSISTANCE**

This form will facilitate the distribution of the annual DOWS auction proceeds. To ensure that the awards are fair the distribution committee needs the same information on everyone who is to be considered. It is with this in mind that we ask you to complete the information below. **Please print clearly.** ALL names will be confidential to everyone except the DOWS President and board members. We thank you in advance for your assistance.

**RETURN THIS FORM** marked **CONFIDENTIAL** To DOWS President: Jen Steurer, Alumni Relations, Burton Morgan 205, by DECEMBER 2, 2011.

**INFORMATION ON PERSON(S) IN NEED:**

Name: \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

This person is: \_\_\_A Denison Employee \_\_\_A Relative of a Denison Employee  
\_\_\_A Licking County Resident \_\_\_ Other

Has this person.'s name been submitted to DOWS in the past? \_\_Yes\_\_ No  
\_\_Do not know

Are other agencies or groups providing assistance? (Feel free to comment) \_\_\_\_\_  
\_\_\_\_\_

Is this person out of work? \_\_\_\_\_ If so how long? \_\_\_\_\_

How many children (if any) are at home? \_\_\_\_\_

Please list ages and genders of each?  
\_\_\_\_\_  
\_\_\_\_\_

In what way could DOWS help the most? \_\_Food \_\_Clothes \_\_Other (Specify)  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments which you feel are relevant:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If we need further information, who should we contact?  
\_\_\_\_\_

Name  
DOWS Auction 2011

Phone