**PROVINCIAL ASSESSMENT WAIVER REQUEST FORM**

**Date:**

**Community Name:**

**President: Email Address:**

**Number of Current Members previously granted Provincial Assessment Waivers:**

We ask that your community prayerfully consider voluntarily contributing the annual Provincial assessment [full ($60) or in part ($30)] for each infirm member from your local community’s funds, when possible.

**Waiver Requested for . . .**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Status** | **Reason** | **Amount** |
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***NOTE:*** *Any funds for the annual Provincial assessment (full or part) for the above members that is voluntarily contributed will be included in our check (due March 31st) and will be issued to Provincial as a donation. An explanation will be included at that time for the donated funds.*

Email this form to Julie Armaganian at centraloffice.thereseocds@gmail.com by March 10.

**SAMPLE**

|  |  |  |  |
| --- | --- | --- | --- |
| **NAME** | **STATUS** | **REASON** | **Waiver Request** |
| Terry Y | Infirm | Nursing home; social security; cannot attend any meetings or functions. Granted waiver from local dues | $60.00 |
| John X | Infirm | Disabled; cannot attend meetings or functions; pays ½ of local dues | $30.00 |