

Cauliflower Alley Club

Benevolent Fund Request Form

You are receiving this form in response to an inquiry about Financial Assistance by the Cauliflower Alley Club Benevolent Fund. The form must be completed before the CAC can consider this case. If further information is required, we will contact you by telephone. Once completed, all information shown below will remain strictly confidential, and will not be made public in any form. This information is used only to determine if your situation qualifies for financial assistance under the guide lines of the CAC Benevolent Fund. You do not have to be a Cauliflower Alley Club Member. However, due to limited funds, Members receive priority consideration over non-members.

Full Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ Email Address _____

Have you worked in the pro wrestling industry actor boxer other - specify _____
If you wrestled, what was your professional name _____
If you worked in a non-wrestler capacity, what was your job _____
If you were a wrestler or boxer, who trained you _____

Are you a Member of the Cauliflower Alley Club at this time? Yes No
If NO, were you ever a member? Yes No. If YES, what years _____
Why did you not renew your membership? _____

Is this a medical or health-related situation? Yes No
Do you have health insurance Yes No Type of coverage: _____
What medical condition were you diagnosed with _____
If not medical, what expense do you need assistance with _____

Is this situation Long Term Short Term Unknown at this time
What is your average monthly income \$ _____ Monthly expense \$ _____
Are you: employed by _____
 Unemployed Lost job Injured at work Unable to work Retired

If this need involves a Mortgage or Rental Company, please provide contact information:
Name _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____

Who informed you of the Cauliflower Alley Club Benevolent Fund:
Name _____ Phone number _____
Address _____
City _____ State _____ Zip Code _____

By your signature below, you certify that you have answered the above questions completely and correctly, to the best of your knowledge. You furthermore authorize the Cauliflower Alley Club to contact any or all individuals or companies named above to verify any information. You understand that any misleading or false information will disqualify you from consideration by the Cauliflower Alley Club Benevolent Fund now or in the future.

Signature _____ Date _____