

DR. JOHN BRIDLE'S CHARITY

HELP IN TIME OF NEED

Applicants must live in Hardwick or Weedon.

Name:.....

Address:.....

.....

The information given will be revealed only to the Trustees.

What sort of help do you need?

What will it cost?.....

What pensions or benefits, if any, are you receiving? (Please tick).

e.g. Retirement Pension

Income Support

Family Credit

Other (please say what)

None

Have you applied for any other benefits?.....

If Yes, say which and with what result.

.....

I confirm that these details are correct.

Signature.....Date.....

IF A GRANT IS MADE THE TRUSTEES CANNOT PROMISE TO REPEAT IT.

The completed form should be sent to Wendy Kett, 34 East End, Weedon, Aylesbury,
Bucks HP22 4NJ.

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You will be told the result of your application immediately after the next meeting of the Trustees.