

Dear Artisan Member: Your name has been submitted to the Helping Hand Committee. Will you please complete this form and return it to the address below. Thank you.

**ARTISANS DINING CLUB
APPLICATION FOR HELPING HAND ASSISTANCE**

The information contained herein will remain **confidential**. (Please PRINT)

NAME _____ PHONE _____

ADDRESS _____

AGE _____ MARRIED _____ SINGLE _____

CHILDREN UNDER 18 YEARS _____

ASSEMBLY _____

PLEASE GIVE REASONS FOR NEED OF ASSISTANCE:

Signature of Applicant _____

Date _____

MAIL TO:

Mr. George J. Listner
Helping Hand Committee
Artisans Dining Club
8100 Roosevelt Boulevard
Philadelphia, PA 19152

**IN ORDER TO APPLY FOR ASSISTANCE
YOU MUST BE A MEMBER OF THE ARTISANS**