

## GOVERNOR'S REQUEST FOR PRESENTATION 2007

DATE: \_\_\_\_\_

MEMBER NAME: \_\_\_\_\_ MEMBER NO. \_\_\_\_\_

NAME OF RECIPIENT: \_\_\_\_\_

RELATIONSHIP TO MEMBER: \_\_\_\_\_

TYPE OF PRESENTATION: (check one)

Flowers \_\_\_ (favorite color) \_\_\_\_\_

Contributions to Charity (specify name) \_\_\_\_\_

(Include complete address and zip code)

Fruit Basket \_\_\_

Gift Card \_\_\_ (Dining, Retail, Arts & Crafts, Bed & Bath)

OCCASION FOR PRESENTATION:(circle one) Illness/Injury Birth/Adoption Death

IN CASE OF ILLNESS/INJURY:

Number of calendar days already in hospital: \_\_\_\_\_

\*\*How many days will patient remain in hospital? \_\_\_\_\_

(To ensure patient is there when presentation is delivered)

Number of working days at home: \_\_\_\_\_

Address of recipient: \_\_\_\_\_

(Where presentation is to be sent - home or hospital and room)

Governor Name: \_\_\_\_\_ (Governor or other completing this form)

Extension: \_\_\_\_\_

*For additional information, please refer to the Governor's Manual below.*