



SUNSHINE FUND REQUEST FORM

#201 - 9030 King George Boulevard, Surrey, V3V 7Y3
Tel: 604-594-5353 Fax: 604-594-5176 Courier #000

When a member qualifies for the Sunshine fund, the STA rep at the school completes this form and sends it to Donna Stewart at the STA office. Please complete all the important information required.

Date	
STA Rep	
Recipient's Name	
School	
Home Address	

THAT the spending guidelines include:

1. Injury at work (hospital stay) - flowers / fruit / gift basket up to \$50
2. Maternity/paternity - gift card up to \$50
3. Illness of an active member (extended medical leave minimum 20 days or longer) - gift card up to \$50
4. Death of an active member - up to \$75 donation to charity (or gift)
5. Death of an active member's spouse/child - up to \$50 donation to charity (or gift)

Reason (select one of the following):

1 2 3 4 5

Item requested (select one of the following):

Flowers

Fruit basket

Gift card

Donation to charity