

UBC EMPLOYEES SOCIETY No. 116
RETIREMENT GIFT REQUEST FORM

Please print:

NAME OF RETIREE: _____

DATE OF HIRE: _____ DATE OF RETIREMENT: _____
YR/M/D YR/M/D

ADDRESS: _____
Street City Postal Code

HOME PHONE NUMBER: _____

DEPARTMENT: _____

SHOP STEWARD: _____ PHONE: _____

HOST/HOSTESS: _____ PHONE: _____

DATE WHEN GIFT NEEDED: _____

SIGNATURE OF HOST/HOSTESS: _____

For Society Use Only:

Date of Cheque: _____ Cheque #: _____ Amount: _____
YR/M/D

Cheque Made Out To and Received By: _____
Signature