



REQUEST FORM FOR CARD

Date of Request: _____

Employee requesting card: _____ Dept.: _____ Ext.: _____

Employee to be sent card: _____ Dept.: _____

Reason for card to be sent: **(Check/circle all that apply)**

- Marriage
- New Baby (boy or girl)
- New Grandbaby (boy or girl)
- Illness/Surgery
- Retirement
- Sympathy (Loss of Immediate Family only)

Does card need to be sent to: **(Please check one)**

- Home
- County Office (Dept. _____)

****NOTE**** Illness/Surgery - What type? (This is optional - brief & general)

Sympathy: (Name and/or relationship of Family Member who passed)

Sympathy Card (of Employee's Passing) will be sent to **Immediate Family Members Only**

Send to: (Name of Immediate Family Member)

Relationship to Employee: _____

Address: _____

Thanks for your request - a card will be sent out promptly.

Please send this request interoffice to Terri Strozier or you can scan it and email to terri.strozier@mctx.org.